INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PLANNED PARENTHOOD LAFAYETTE, IN, 47905	City or t	own, of pregna	ancy terr			County of pregnancy termination TIPPECANOE							
D (* 12 stote			D. C.			1							
22	Aarrio 	ed □ Yes ■ No	Date of pregn	01/26/2016		Educa	ition	ŀ		ol Diploma or GE	ĒD		
Race American Indiana o Native Hawaiian or			Asian White	☐ Black ☐ Other	or Africa	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	lumber now living	0				Numb	er now d	eceased	0			
Other Terminations:	N	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 2			
Dates of terminations (a		ot include this termino 2. 05/30/2013	ution. If more t	than six (6),	those mo	ost recent.)		5.		6.			
Fetus delivered alive?		If yes, length of tir		ved:					Complic	ation(s) of Pregna	ncy Termination		
☐ Yes ■ No								■ N	None	☐ Ute	rine Perforation		
Fetus viable?		If viable, medical i	reason for term	nination:				☐ F	Hemorrhage	e 🗌 Cer	vical Laceration		
Yes No		ii viaole, medicai i	cuson for term	mution.				☐ I	nfection	Ret	ained Products		
									Other (Spec	rify)			
Pathological examination performed?													
Yes No)										sult in a maternal death?		
							☐ Yes	s 🔳 No)				
				Type o	of Termin	nation Procedu	res						
Procedure that Termina	ated F	Pregnancy				Additional P		e that Ter	minated Pr	egnancy			
Medical (Nonsurgi		•							lifepristone				
Medical (NonsurgMedical (Nonsurg	ical)	Misoprostol					(Nonsu	rgical) M	Tisoprostol Other (Speci				
	/	(~F					(-8	(~ <i>p</i>	357			
Medical (Surgical)) Suc	etion Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	pe			
Medical (Surgical) Medical (Surgical) Medical (Surgical)) Me	nstrual Aspiration				Medical	(Surgic	al) Mens	strual Aspir (Specify)				
ivicultar (Surgicar)) Ou	ісі (Бресіју)					(Surgic	an) Ouici	(вресіју)				
For Medical (Surgical)	proc	edures, answer the fol	lowing questic	on.		For Medical	(Surgica	al) proced	ures answ	er the following a	uestion		
Was the fetus viable of	_					For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ☐		· · · · · · · · · · · · · · · · · · ·					Yes [- F				
If the previous question	ı was	answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the fo	llowing questions.		
Was the fetus given the ☐ Yes ☐		st opportunity to surv	ive?				us giver Yes [opportunit	y to survive?			
What was the basis fo											oman had a condition		
that required the proc woman?	edure	e to avert death or seri	ous impairmer	nt to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impa	irment to the pregnant		
Date last normal mense	-			Physician	estimate	e of gestation (in weeks	5)	Post fer	-	he fetus (in weeks)		
How were the gestation		/26/2015 ge and post fertilization	n age determin	l ned?		7				5)		
ULTRASOUND													
7.11													
Full name of physician DR. MICHAEL KING	perfo	orming termination											
Address of physician po		•			and zip	code)							
8950 GEORGETOWN	v KU	אירט, וואטואואAPOPL	.io, iin 40208										
WAD . T	D.C.	·cD											
**Date Reported to 1	DCS	, 11 Patient under 14	l (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZANIN	E DRIVE, City or	E, City or town, of pregnancy termination LAFAYETTE County of pregnancy termination TIPPECANOE							
Patient's access	In. c	onov town:'	17:1	ion						
Patient's age** 20 Race	inea –	ancy termination 01/26/2016	Educat	10n	High Scho	ool Diploma or GED				
American Indiana or A	ther Pacific Islander White	☐ Black or Afric	can American	Unknow	n ☐ Hisp	anic or Latino Hispanic or Latino				
Live Births:	Number now living 0				w deceased	0				
Other Terminations:	Number of spontaneous terminations 0			Number of	induced termi	inations 0				
Dates of terminations (Do	not include this termination. If more t	han six (6), those n	nost recent.)							
Fetus delivered alive?	If yes, length of time fetus surviv	ad:	4		Complication(s) of Pregnancy Termination					
Yes No	if yes, length of time fetus surviv	cu.			_	☐ Uterine Perforation				
				_						
Fetus viable?	If viable, medical reason for term	ination:] Hemorrhag	_				
☐ Yes ■ No					Infection	☐ Retained Products				
				Other (Spec	cify)					
Pathological examination If yes, results: performed?										
Yes No Did this termination of pregnancy result in a maternal death?										
☐ Yes ■ No										
		Type of Term	ination Procedur	res						
Procedure that Terminated	d Pregnancy		Additional Pr	ocedure that	Terminated P	regnancy				
Medical (Nonsurgica)			1_		l) Mifepriston					
Medical (Nonsurgical	d) Misoprostol		☐ Medical	(Nonsurgica	l) Misoprosto	1				
☐ Medical (Nonsurgica	d) Other (Specify)		☐ Medical	(Nonsurgica	l) Other (Spec	rify)				
Medical (Surgical) S Medical (Surgical) M					uction Curetta Ienstrual Aspi					
Medical (Surgical) (Other (Specify)					
For Medical (Surgical) pro	ocedures, answer the following question	on.	For Medical (Surgical) pro	ocedures, answ	ver the following question.				
Was the fetus viable or l	have a post fertilization age at least 20	weeks?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes No	1 0	weeks.		es No		imzation age at least 20 wooks.				
If the previous question w	vas answered yes, complete the following	ng questions.	If the previou	s question w	as answered y	es, complete the following questions.				
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?			is given the	best opportuni	ty to survive?				
	letermination that the pregnant woman	had a condition				hat the pregnant woman had a condition				
that required the procedu	ure to avert death or serious impairmen		that required			ath or serious impairment to the pregnant				
woman?			woman?							
		l m			1					
Date last normal menses b	oegan 12/08/2015	Physician estima	te of gestation (in 7	n weeks)	Post fe	ertilization age of the fetus (in weeks) 5				
How were the gestational	age and post fertilization age determin	ed?			I					
ULTRASOUND										
Full name of physician pe										
	Forming termination (number and street) ROAD, INDIANAPOPLIS, IN 46268	t, city, state, and zip	o code)							
**Data Papartad to DO	TS if Patient under 14 (month day)									

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Facility Name and Addres PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	S INDIANA (LAFAYETTE) - 964 MEZZANINE	E DRIVE, City or	town, of pregna	County of pregnancy termination TIPPECANOE						
Patient's age** Mar	ned _	ancy termination	Educat	ion	9th-	-12th, No Diploma				
Race American Indiana or A Native Hawaiian or Ot		■ Black or Afric	can American	Unkr	Ethni	city spanic or Latino ot Hispanic or Latino				
Live Births:	0					0				
Other Terminations.	Number of spontaneous terminations 0			Number	r of induced ter	minations 0				
Dates of terminations (Do	not include this termination. If more the 2. 3.	an six (6), those m	ost recent.)		5	6				
Fetus delivered alive? Yes No	If yes, length of time fetus survive	ed:	<u> </u>		Comp None Hemorrh	plication(s) of Pregnancy Termination Uterine Perforation Cervical Laceration				
Fetus viable? ☐ Yes ■ No	If viable, medical reason for terms	ination:			☐ Infection ☐ Other (S	Retained Products				
Pathological examination performed? Yes No										
		Type of Term	ination Procedur	res						
Procedure that Terminated	l Pregnancy				that Terminated	l Pregnancy				
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical	Mifepristone Misoprostol		Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) S Medical (Surgical) M Medical (Surgical) O	Ienstrual Aspiration			(Surgical	Suction Cure Menstrual A Other (Speci	spiration				
For Medical (Surgical) pro	ocedures, answer the following question	n.	For Medical (Surgical)) procedures, ar	swer the following question.				
Was the fetus viable or h ☐ Yes ☐ No	have a post fertilization age at least 20 v	weeks?		is viable Yes 🔲		fertilization age at least 20 weeks?				
If the previous question wa	as answered yes, complete the following	ng questions.	If the previou	s questio	n was answered	l yes, complete the following questions.				
Was the fetus given the b ☐ Yes ☐ No	best opportunity to survive?			ıs given t Yes 🏻		unity to survive?				
	etermination that the pregnant woman are to avert death or serious impairmen					n that the pregnant woman had a condition death or serious impairment to the pregnant				
Date last normal menses b	egan 1/25/2015	Physician estima	te of gestation (i	n weeks)	Pos	t fertilization age of the fetus (in weeks)				
How were the gestational a	age and post fertilization age determine	ed?								
GLINAGOUND										
Full name of physician per DR. MICHAEL KING										
1 7 1	orming termination (number and street, COAD, INDIANAPOPLIS, IN 46268	, city, state, and zip	o code)							
**Data Danastad to DC	S if Patient under 14 (month, day)									

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Facility Name and Addre		NANA (LAFAYET	TE) -	964 MEZZANI	INE DRIVE	City or	town, of preg	nancy ter			County of p	_	cy terminati	on
LAFAYETTE, IN, 47905							בתו					1 L		
Patient's age** Ma	arried	Yes N	o	Date of preg	gnancy te 01/26/2		Edu	cation		Bach	nelor's Degre	ee		
Race American Indiana or Native Hawaiian or C				Asian White	=	ack or Afric	can American	U	nknown		anic or Latino Hispanic or L		☐ Unl	known
Live Births:	Nu	mber now livin	g	2)			Num	ber now o	leceased	0			
Other Terminations:		mber of spontar		s termination 2	1S 2	(6) 1		Num	ber of inc	uced termi	nations 0			
Dates of terminations (Do 1. UNKNOWN		UNKNOWN					ost recent.) 4		5.			6.		
Fetus delivered alive? Yes No		If yes, length of							•	Complic	cation(s) of P		y Terminati	
Fetus viable? Yes No		If viable, med	ical 1	reason for ter	mination	:				Hemorrhag Infection			cal Laceration	
Pathological examination performed?	n	If yes, results:								Other (Spec	cify)			
Yes No									Did thi		on of pregnar	ncy resul	It in a mater	rnal death?
					Ty	pe of Termi	nation Procee	lures						
Procedure that Terminate	ed Pre	egnancy					Additional	Procedu	re that Te	minated Pr	regnancy			
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic	al) M	lifepristone lisoprostol					☐ Medic							
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Mens	trual Aspiration	n				☐ Medic	al (Surgi	cal) Men	ion Curetta strual Aspi r (Specify)				
For Medical (Surgical) p	roced	ures, answer th	e fol	lowing quest	ion.		For Medica	l (Surgio	cal) proce	dures, answ	ver the follow	ing ques	 stion.	
Was the fetus viable or Yes \(\Bar\) \(\Delta\)		a post fertilizat	tion a	age at least 20	0 weeks?			etus vial Yes		e a post fer	tilization age	at least 2	20 weeks?	
If the previous question v	was a	nswered yes, co	mpl	ete the follow	ving ques	tions.	If the previ	ous ques	tion was a	nswered y	es, complete	the follo	wing questi	ions.
Was the fetus given the ☐ Yes ☐ N		opportunity to	surv	ive?				etus give Yes		opportuni	ty to survive?	•		
What was the basis for that required the proceed woman?											hat the pregnath or serious			
Date last normal menses	_	n 0/2015			Physi	cian estimat	te of gestation	(in week	ks)	Post fe	rtilization ag	e of the	fetus (in we	reks)
How were the gestationa	l age	and post fertiliz	zatio	n age determi	ined?					1				
ULTRASOUND														
Full name of physician p DR. MICHAEL KING														
Address of physician per 8950 GEORGETOWN		-				tate, and zip	o code)							
**Date Reported to D	CS. i	f Patient unde	er 14	(month day	v vear).									

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Patient's age** Ma	inica _	ancy termination	Educat	tion	Asso	ociate Degree				
Race American Indiana or A Native Hawaiian or O	Alaska Native	Black or Afric	can American	Unknov	Ethnicity Hisp	y anic or Latino Hispanic or Latino				
	0 Number of spontaneous terminations			Number of	induced termi	nations				
Other Terminations:	0 not include this termination. If more th	han sir (6) those m	acet recent)			0				
1	2 3	(0), mose n	4		5	6				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus survivo	ed:		[None	cation(s) of Pregnancy Termination Uterine Perforation				
Fetus viable? Yes No	If viable, medical reason for term	ination:			☐ Hemorrhag☐ Infection☐ Other (Special Control of the Control of the	☐ Retained Products				
Pathological examination performed?	If yes, results:	Did this termination of pregnancy result in a maternal death								
103 10										
		Type of Term	ination Procedur	res						
Procedure that Terminated	d Pregnancy		Additional Pr	ocedure that	Terminated P	regnancy				
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	al) Misoprostol		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) S Medical (Surgical) Medical (Surgical) Medical (Surgical) C	Menstrual Aspiration			(Surgical) N	Suction Curetta Menstrual Aspi Other (Specify)					
For Medical (Surgical) pr	ocedures, answer the following question	n.	For Medical (Surgical) pr	ocedures, answ	ver the following question.				
Was the fetus viable or l	have a post fertilization age at least 20 vo	weeks?		as viable or l Yes □ No		tilization age at least 20 weeks?				
If the previous question w	vas answered yes, complete the following	ng questions.	If the previou	s question w	vas answered y	es, complete the following questions.				
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?			us given the	best opportuni	ty to survive?				
	determination that the pregnant woman ure to avert death or serious impairmen					hat the pregnant woman had a condition ath or serious impairment to the pregnant				
Date last normal menses b	began 12/12/2015	Physician estima	te of gestation (i.	n weeks)	Post fe	ertilization age of the fetus (in weeks) 4				
_	age and post fertilization age determine	ed?								
ULTRASOUND										
Full name of physician pe DR. MICHAEL KING	erforming termination									
	From termination (number and street ROAD, INDIANAPOPLIS, IN 46268	, city, state, and zip	p code)							
**Doto Domostal ta DO	CS if Patient under 14 (month, day)									

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Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905					City or	City or town, of pregnancy termination LAFAYETTE County of pregnancy terminat TIPPECANOE					•		
Patient's age**		. ,	Date of pregn	anov torre	ination	Educ	ation				-		
Patient's age** 22	Mai	ried □ Yes ■ No		ancy term 01/26/201		Educ	atiOII		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian			Asian White	☐ Blac		can American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numl	ber now d	leceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numl	per of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		han six (6)), those m	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	NO							• 1	None	☐ Uterii	ne Perforation		
									Hemorrhag	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	No	If viable, medical	reason for term	ination:				₁	Infection	□ Retair	ned Products		
				_		_	lied Froducts						
					Other (Spec	rify)							
Pathological examin performed?													
Yes •				Did this	s termination	on of pregnancy resu	lt in a maternal death?						
				☐ Ye									
				Туре	of Termi	nation Procedu	ıres						
Procedure that Term	inate	1 Pregnancy				Additional F	rocedur	e that Ter	minated Pr	reanancy			
		•											
Medical (NonsuMedical (Nonsu									Mifepriston Misoprostol				
		l) Other (Specify)							Other (Spec				
——————————————————————————————————————	1) C	· · · · · · · · · · · · · · · · · · ·					1./0 :	1) 0 (
		uction Curettage Menstrual Aspiration				☐ Medica	i (Surgio l (Surgio	cal) Sucti cal) Mens	ion Curetta; strual Aspii	ge ration			
☐ Medical (Surgio						☐ Medica	l (Surgio	cal) Othe	r (Specify)				
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures answ	er the following que			
						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	le or l ∐N∘	nave a post fertilization	age at least 20	weeks?			tus viab. Yes [a post fert	ilization age at least	20 weeks?		
If the provious quest	ion w	as answered yes, compl	ata tha fallowi	na auastia	na	If the provide	anost	ion was a	encreased we	os acmulata tha falle	owing questions		
ii the previous quest	IOII W	as answered yes, compl	ete the follown	ng questio	IIS.	ii tile previo	us quest	ion was a	inswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				tus giver Yes [_	opportunit	y to survive?			
							_	_					
		letermination that the partie to avert death or serious								hat the pregnant wor	nan had a condition ment to the pregnant		
woman?	0000	are to avert dealer of sec	ouo impuiine.	it to the pr	ognam	woman?	ou une pr	. occurre	io avert dea	an or somous impair.	ment to the pregnant		
Data last mass1	2005 ¹	angan .		Dlave! - '	n ootiee :	of coststi-	(in 1	a)	Doct f	rtilization asf.4	fotus (in ala)		
Date last normal men		pegan 12/07/2015		rnysicia	ui estimat	te of gestation 6	ın week	s)	Post ie	rtilization age of the 4	icius (in weeks)		
How were the gestat		age and post fertilization	n age determin	ed?		<u> </u>				•			
ULTRASOUND													
Full name of physici	an pe	rforming termination											
DR. MICHAEL KING													
	-	orming termination (num		t, city, stat	e, and zip	code)							
0950 GEORGETO	VIN F	OAD, INDIANAPOPI	.15, IN 46268										
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day,	year):						_			

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Patient's age** Mai	Data of a	ancy termination	Educat	ion						
Patient's age Mai		21/26/2016	Educat			l Diploma or GED				
Race American Indiana or A Native Hawaiian or O	ther Pacific Islander White	Black or Afric	can American	Unknown	Not Hi	nic or Latino Unknown				
Live Births:	Number now living 1					0				
Other Terminations:	Number of spontaneous terminations 0			Number of inc	luced termina	ations 0				
Dates of terminations (Do	not include this termination. If more th	han six (6), those m	ost recent.)	-						
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus survivo	ed:	4		Complication(s) of Pregnancy Termination None Uterine Perforation					
Fetus viable? Yes No	If viable, medical reason for term	ination:			Hemorrhage Infection Other (Specif	Retained Products				
Pathological examination performed?	If yes, results:									
☐ Yes Image: No and this termination of pregnancy result in a maternal death? ☐ Yes Image: No and this termination of pregnancy result in a maternal death? ☐ Yes Image: No and this termination of pregnancy result in a maternal death?										
		Type of Termi	nation Procedur	res						
Procedure that Terminated	d Pregnancy		Additional Pr	ocedure that Te	rminated Preg	gnancy				
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	l) Misoprostol		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) S Medical (Surgical) Medical (Surgical) Medical (Surgical) C	Menstrual Aspiration			(Surgical) Suct (Surgical) Men (Surgical) Othe	strual Aspira					
For Medical (Surgical) pro	ocedures, answer the following questio	n.	For Medical (Surgical) proce	al) procedures, answer the following question.					
Was the fetus viable or l ☐ Yes ☐ No	have a post fertilization age at least 20 o	weeks?		is viable or have Yes No	e a post fertili	ization age at least 20 weeks?				
If the previous question w	vas answered yes, complete the following	ng questions.	If the previou	s question was a	answered yes	, complete the following questions.				
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?			us given the bes	t opportunity	to survive?				
What was the basis for d	determination that the pregnant woman ure to avert death or serious impairmen		What was th	ne basis for dete		at the pregnant woman had a condition in or serious impairment to the pregnant				
Date last normal menses b	pegan 12/05/2015	Physician estimat	te of gestation (in	n weeks)	Post fert	ilization age of the fetus (in weeks) 5				
How were the gestational ULTRASOUND	age and post fertilization age determine	ed?			_					
SETTAGOOND										
Full name of physician pe										
	forming termination (number and street ROAD, INDIANAPOPLIS, IN 46268	$\frac{1}{2}$, city, state, and $\frac{1}{2}$	code)							
**Data Domantad to DO	CS if Dationt under 14 (month day)									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905					City or town, of pregnancy termination LAFAYETTE County of pregnancy termination TIPPECANC					•			
Dationt's see**			Data of	anov to	ination	Educ	ation				1		
Patient's age** 25	Mai	ried ☐ Yes ■ No	Date of pregn	ancy term 01/26/201		Educ	ation	ı	High Scho	ol Diploma or GEI)		
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	■ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	2				Numl	oer now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numl	per of ind	uced termin	nations			
Dates of termination 1. UNKNOWN	s (Do	not include this termin	ation. If more to	han six (6)		ost recent.)		5		· 6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:		cy Termination							
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation		
T		70 : 11 1: 1	<u> </u>					I	Hemorrhag	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	No	If viable, medical	reason for term	ination:				n 1	nfection	☐ Retai	ned Products		
					Other (Spec	2;6,1							
Pathological examin				▎	Julei (Spec	<i>(jy)</i>							
performed?													
☐ Yes ■				Did thi		on of pregnancy resu	alt in a maternal death?						
					<u> </u>								
				Type	of Termi	nation Proced	ıres						
Procedure that Tame	inoto	1 Dragnanov		- JPC				a that Ta	minated D	ragnancy			
Procedure that Term		•				Additional I							
Medical (NonsuMedical (NonsuMedical (Nonsu	ırgica						l (Nonsu	rgical) N	Mifepriston Misoprostol Other (Spec				
	al) N	uction Curettage Menstrual Aspiration Other (Specify)				 ☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify) 							
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questio	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable	le or l	nave a post fertilization					_	_	a post fert	ilization age at least	20 weeks?		
	☐ No	as answered yes, comp	lete the following	ng questio	ns.		Yes [us quest	_	nswered ye	es, complete the follo	owing questions.		
	n_the	best opportunity to surv		<i>3</i> 1 · · · · ·		Was the fe	_	n the best	-	ty to survive?	<i>5</i> 1		
		etermination that the pr	regnant women	had a con	dition		_		mination t	hat the pregnant wo	nan had a condition		
		ire to avert death or ser									ment to the pregnant		
Date last normal men		egan 1/25/2015		Physicia	n estimat	e of gestation 8	in week	s)	Post fe	rtilization age of the	fetus (in weeks)		
=		age and post fertilization	on age determin	ed?		-							
ULTRASOUND													
Full name of physician performing termination DR. MICHAEL KING													
	-	orming termination (nu.		t, city, stat	e, and zip	code)							
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health no later than July 30 for each termination performed in the

first six (6) months of that year and no later than January 30 for each termination performed for the last six (6) months of the preceding year. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b). Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, City or town, of pregnancy termination County of pregnancy termination LAFAYETTE **TIPPECANOE** LAFAYETTE, IN, 47905 Patient's age** Date of pregnancy termination Education Married 36 Yes No 01/26/2016 Bachelor's Degree Race Ethnicity ☐ American Indiana or Alaska Native☐ Native Hawaiian or Other Pacific Islander Asian
White ☐ Black or African American ☐ Other ■ Hispanic or Latino ■ Unknown ☐ Not Hispanic or Latino Unknown Number now living Number now deceased Live Births: Number of induced terminations Number of spontaneous terminations Other Terminations: O Dates of terminations (Do not include this termination. If more than six (6), those most recent.) Complication(s) of Pregnancy Termination Fetus delivered alive? If yes, length of time fetus survived: ☐ Yes ■ No None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration Fetus viable? If viable, medical reason for termination: ☐ Yes ■ No ☐ Infection ☐ Retained Products ☐ Other (Specify) Pathological examination If yes, results: performed? Yes ■ No <u>Did</u> this termination of pregnancy result in a maternal death? Yes No Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy ■ Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No Yes No If the previous question was answered yes, complete the following questions. If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? ☐ Yes ☐ No ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant woman? woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 11/27/2015 6 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. MICHAEL KING Address of physician performing termination (number and street, city, state, and zip code) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268 **Date Reported to DCS, if Patient under 14 (month, day, year): _

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905					City or town, of pregnancy termination LAFAYETTE County of pregnancy termination TIPPECANOE					•			
Patient's age**			Date of mass	anov to-	ination	Educa	ntion						
Patient's age** 19	Mar	ried □ Yes ■ No	Date of pregn	ancy term 01/26/201		Educa	ation	1	High Scho	ool Diploma or GE	:D		
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numl	er now d	leceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numl	er of ind	uced termin	nations			
Dates of termination 07/11/2015	s (Do	not include this termin		han six (6)		ost recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:			ncy Termination						
☐ Yes ■ I	NO					■ None ☐ Uterine Perforation							
Fetus viable?		If viable, medical	reason for term	ination:				_ I	Hemorrhag	e 🗌 Cer	vical Laceration		
Yes I	No	ii viable, illedicai	reason for term	illiation.				I	Infection	Reta	nined Products		
					Other (Spec	cify)							
Pathological examin													
performed?													
les e						on of pregnancy res	sult in a maternal death?						
							1						
				Туре	of Termi	nation Procedu	ıres						
Procedure that Term	inated	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	egnancy			
Medical (Nonsu									//////////////////////////////////////				
Medical (Nonsu	rgica) Misoprostol				☐ Medica	(Nonsu	rgical) N	Aisoprostol				
Medical (Nonsu	rgica) Other (Specify)				Medical (Nonsurgical) Other (Specify)							
		uction Curettage Ienstrual Aspiration				☐ Medica	(Surgic	al) Sucti	on Curetta strual Aspir	ge ration			
Medical (Surgio									r (Specify)	ation			
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	uestion.		
		ave a post fertilization				Was the fe	tus viabl	le or have	e a post fert	ilization age at leas	st 20 weeks?		
	No						Yes [
If the previous quest	ion w	as answered yes, compl	ete the following	ng question	ns.	If the previous	us quest	ion was a	nswered ye	es, complete the fol	lowing questions.		
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				tus giver Yes [_	opportunit	ty to survive?			
		etermination that the pr									oman had a condition		
that required the pi woman?	ocedi	re to avert death or ser	ious impairmen	it to the pro	egnant	woman?	ed the pr	ocedure t	to avert dea	ith or serious impai	rment to the pregnant		
Date last normal men	ıses h	egan		Physicia	n estimat	e of gestation (in week	5)	Post fe	rtilization age of th	e fetus (in weeks)		
	1	2/04/2015				6		<i>'</i>		4	· ·		
=	ional	age and post fertilization	n age determin	ed?									
ULTRASOUND													
Full name of physician performing termination DR. MICHAEL KING													
		orming termination (num	mber and street	t, city, state	e, and zip	code)							
8950 GEORGETO\	VN R	OAD, INDIANAPOPI	IS, IN 46268										
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Edon failure to file trile i	oport on time as required is a v	olado D Illiodoli	ilcarioi	pci 10 10 04 2	- O (D).			
Facility Name and Addres PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZ	ANINE DRIVE,	City or t	own, of pregna LAFA	ncy termin	nation		County of pregnancy termination TIPPECANOE
Patient's age** Mar	rried Date of p	oregnancy termin 01/19/2016		Educat	tion	Docto	orate/F	Professional Degree
Race American Indiana or A Native Hawaiian or Ot Live Births:		Other	or Afric	an American	Unkno	▣	Not H	nic or Latino lispanic or Latino Unknown
	Number of spontaneous terminal	tions			Number	of induced	termir	nations
Other Terminations:	not include this termination. If m	1	those m	ost recent)				0
LUNKNOWN	2 3			4		5		6
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus s	urvived:				Co None	•	ation(s) of Pregnancy Termination Uterine Perforation
Fetus viable?	If viable, medical reason for	termination:					orrhage	
☐ Yes ■ No						☐ Infect	tion :(Spec	Retained Products
Pathological examination	If yes, results:						(Spec	457)
performed? Yes No							ninatio	on of pregnancy result in a maternal death?
<u> </u>								
		Type o	of Termin	nation Procedur	res			
Procedure that Terminated	d Pregnancy			Additional Pr		nat Termina	ited Pro	egnancy
Medical (Nonsurgica)	Mifepristone			☐ Medical	(Nonsurgi	ical) Mifep	ristone	
Medical (Nonsurgica Medical (Nonsurgica	l) Misoprostol				(Nonsurgi	cal) Misor	rostol	
i wedicar (rvonsurgica	i) Other (specify)			Medical	(1 volisui gi	car) Omer	(Бресі	Jy)
					· · · ·	a		
Medical (Surgical) S Medical (Surgical) N	Menstrual Aspiration			☐ Medical	(Surgical)	Suction C Menstrual	l Aspir	
☐ Medical (Surgical) (Other (Specify)			☐ Medical	(Surgical)	Other (Sp.	ecify)	
For Modical (Syraigal) nu	occhance anaryon the following or	vastion		For Madical ((Cumpical)	muo ao disuas		er the following question.
	ocedures, answer the following quarter a post fertilization age at least					•		ilization age at least 20 weeks?
☐ Yes ☐ No	1				Yes 🔲 1			
	as answered yes, complete the fol	lowing questions	S.	-	•		•	s, complete the following questions.
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?				us given th Yes 🔲 1		ortunit	y to survive?
	letermination that the pregnant wo ure to avert death or serious impai							nat the pregnant woman had a condition
woman?	ure to avert death of serious impai	ment to the preg	gnam	woman?	a me proce	edure to ave	eri dea	th or serious impairment to the pregnant
Date last normal menses b	oegan 11/20/2015	Physician	estimate	e of gestation (i	n weeks)	F	Post fer	rtilization age of the fetus (in weeks) 7
=	age and post fertilization age dete	rmined?				•		
ULTRASOUND								
Full name of physician pe DR. MICHAEL KING	rforming termination							
	orming termination (number and a		and zip	code)				
**Date Reported to DC	CS, if Patient under 14 (month,	day, year):						

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PLANNÉD PARENTHOOD O	acility Name and Address ANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, ANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE City or town, of pregnancy termination LAFAYETTE TIPPECANOE									
LAFAYETTE, IN, 47905			j			-				
Patient's age** Ma	arried No	Date of pregnancy term 01/19/20		Educa	tion	F	High Scho	ol Diploma or (GED	
Race American Indiana or A Native Hawaiian or O		☐ Asian ☐ Blace ☐ White ☐ Othe		an American	☐ Unl	known		nic or Latino lispanic or Latin	o 🔲 Unknowr	ı
Live Births:	Number now living	0			Numb	er now de	eceased	0		
Other Terminations:	Number of spontaneous				Numb	er of indu	aced termin			
Dates of terminations (Do		•								
Fetus delivered alive? Yes No	If yes, length of tin	ne fetus survived:		4		5	Vone	ation(s) of Pregr	nancy Termination terine Perforation	_
Fetus viable? Yes No	If viable, medical r	eason for termination:				☐ Iı	Hemorrhage nfection Other (Spec	☐ R	ervical Laceration etained Products	
Pathological examination performed? Yes No Did this termination of pregnancy result in a maternal death? Yes No										
		Trmo	of Tarm:	nation Procedu	res.					
Procedure that Terminate	ed Pregnancy	1 ype	or retiill			that Terr	minated Pro	egnancy		
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) S Medical (Surgical) I Medical (Surgical) O	Menstrual Aspiration			☐ Medical	(Surgica	al) Mens	on Curettag trual Aspir (Specify)	ge ation		
For Medical (Surgical) pr	rocedures, answer the foll	owing question.		For Medical (Surgica	l) proced	ures, answ	er the following	question.	
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization a	ge at least 20 weeks?			us viable Yes		a post ferti	lization age at l	east 20 weeks?	
If the previous question v		ete the following question	ons.	If the previou	s questi	on was ar	nswered ye	s, complete the	following questions.	
Was the fetus given the ☐ Yes ☐ N	best opportunity to survi	ve?			us given Yes [opportunit	y to survive?		
What was the basis for	determination that the preduce to avert death or serio			What was th	ne basis	for deter			woman had a condition gairment to the pregna	
Date last normal menses	began 11/25/2015	Physicia	an estimat	e of gestation (i	n weeks)	Post fer	tilization age of	the fetus (in weeks)	
How were the gestational	age and post fertilization	age determined?								
ULTRASOUND										
Full name of physician po DR. MICHAEL KING	erforming termination									
Address of physician perf 8950 GEORGETOWN I	-		te, and zip	code)						
**Date Reported to D0	CS, if Patient under 14	(month, day year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905					City or	City or town, of pregnancy termination LAFAYETTE County of pregnancy termina TIPPECANOE					•	
Patient's age**	N # -	riad	Date of pregn	ancv term	ination	Educ	ation					
35	Mar	Yes I No		01/19/20 <i>′</i>		Lauci			Some Co	ollege, No Degree		
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Blac		an American		ıknown	☐ Not H	nic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	1				Numb	per now d	eceased	0		
Other Termination	s:	Number of spontaneou	us terminations 2				Numb	per of ind	uced termir	nations 0		
Dates of termination 1. 2008	s (Do	not include this termin	ation. If more t	han six (6)		ost recent.)		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:		Complication(s) of Pregnancy Te						
☐ Yes ■ I	No							■ 1	None	☐ Uterii	ne Perforation	
				n	Hemorrhage	e 🛭 Cervi	cal Laceration					
Fetus viable?		If viable, medical	reason for term	ination:					C	_		
☐ Yes ■ I				📙 1	nfection	☐ Retain	ned Products					
					Other (Spec	ify)						
Pathological examin												
performed?				Did this	s terminatio	on of pregnancy resu	It in a maternal death?					
				☐ Ye			it in a maternar death.					
				Type	of Termi	nation Procedu	ıres					
Procedure that Term	inoto	Pregnancy		71		Additional P		e that Tar	minatad D-	eanancy		
										•		
Medical (NonsuMedical (Nonsu									Aifepristone Aisoprostol			
) Other (Specify)							Other (Speci			
Madical (Symple	(1) C	uction Curettage					l (Cumaia	ol) Cuati	on Curettag			
☐ Medical (Surgion)	al) N	Ienstrual Aspiration				☐ Medica	i (Surgic l (Surgic	al) Sucu	on Curettag strual Aspir	ge ation		
☐ Medical (Surgio	al) C	ther (Specify)				☐ Medica	l (Surgic	al) Othe	r (Specify)			
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	 stion.	
		ave a post fertilization				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
			age at least 20	weeks:			Yes [a post terti	mzation age at least	20 weeks:	
If the previous quest	ion w	as answered yes, comp	lete the followi	ng questio	ons.	If the previo	us auest	ion was a	nswered ve	es, complete the follo	owing questions.	
				ng questro		_	_			_	owing questions.	
Was the fetus giver ☐ Yes ☐		est opportunity to surv	rive?				tus givei Yes 🏻 🖺		opportunit	y to survive?		
What was the besis	ford	etermination that the pr	reanant women	had a com	dition	_	_		mination 4	nat the pregnant won	nan had a condition	
		re to avert death or ser									ment to the pregnant	
woman?						woman?						
]						
Date last normal men	nses b	egan		Physicia	an estimat	e of gestation (in week:	s)	Post fer	rtilization age of the	fetus (in weeks)	
	1	1/25/2015				6				4	•	
=	ional	age and post fertilization	on age determin	ed?					_			
ULTRASOUND												
Full name of physici	-	forming termination										
		orming termination (nu	mber and street	t, citv. stat	e, and 7in	code)						
	-	OAD, INDIANAPOPI			., Lip	/						
**Date Reported t	o DC	S, if Patient under 1	4 (month day	vear).								
Dail Reputied t	-	w, if a activity utilities I'	· (monin, uuy,	yeur j						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addres PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZANINI	E DRIVE, City or	City or town, of pregnancy termination LAFAYETTE County of pregnancy termination TIPPECANOE						
Patient's age** Mar	incu i c	ancy termination	Educat	ion	9th-12	2th, No Diploma			
Race American Indiana or A Native Hawaiian or Ot	Maska Native ☐ Asian	Black or Afric	can American	Unknow	Ethnicity Hisp	· '			
Live Births:	0				induced termi	0			
Other Terminations:	Number of spontaneous terminations 0			Number of	maucea termi	0			
Dates of terminations (Do	not include this termination. If more the 2. 3.	ian six (6), those n	nost recent.)		5	6			
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus survivo	ed:			_	cation(s) of Pregnancy Termination Uterine Perforation Cervical Laceration			
Fetus viable? ☐ Yes ■ No	If viable, medical reason for term	ination:			Infection Other (Special	Retained Products			
Pathological examination performed? Yes No	If yes, results:				l this terminati Yes • N	on of pregnancy result in a maternal death?			
		Type of Term	ination Procedur	res					
Procedure that Terminated	d Pregnancy				Terminated P	regnancy			
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) S Medical (Surgical) M Medical (Surgical) C	Menstrual Aspiration			(Surgical) N	Suction Curetta Menstrual Aspi Other (Specify)	ration			
For Medical (Surgical) pro	ocedures, answer the following question	n.	For Medical (Surgical) pro	ocedures, answ	ver the following question.			
Was the fetus viable or h ☐ Yes ☐ No	nave a post fertilization age at least 20 v	weeks?		is viable or l		tilization age at least 20 weeks?			
If the previous question w	ras answered yes, complete the followir	ng questions.	If the previou	s question w	as answered y	es, complete the following questions.			
Was the fetus given the □ Yes □ No	best opportunity to survive?			is given the	best opportuni	ty to survive?			
	letermination that the pregnant woman ure to avert death or serious impairmen					that the pregnant woman had a condition ath or serious impairment to the pregnant			
	12/01/2015	Physician estima	te of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 5			
How were the gestational ULTRASOUND	age and post fertilization age determine	ed?							
Full name of physician per DR. MICHAEL KING									
1 7 1	orming termination (number and street ROAD, INDIANAPOPLIS, IN 46268	, city, state, and zip	p code)						
**Data Remouted to DC	SS if Patient under 14 (month, day)								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		DIANA (LAFAYETTE)	- 964 MEZZANINI	E DRIVE, City	or tow	vn, of pregna	ncy terr			County of p		y termination CANOE
LAFAYETTE, IN, 47905						LAIA	1 1 L	-				
Patient's age** Ms	arried	l Yes • No		ancy termination	n	Educat	tion	D	octorate/F	Professional	Degree	3
Race American Indiana or Native Hawaiian or O			Asian White	☐ Black or A	frican	American	☐ Uni	known		nic or Latino		☐ Unknown
Live Births:	Nu	mber now living	0					er now d		0		_
Other Terminations:		umber of spontaneo	ous terminations 0				Numb	er of ind	uced termin			
Dates of terminations (D												
Fetus delivered alive? Yes No	_ 2.	If yes, length of t			_ 4			5 I N	None		regnancy Uterino	Termination e Perforation
Fetus viable? Yes No		If viable, medica	reason for term	ination:				□ I	Hemorrhage nfection Other (Spec			al Laceration ed Products
Pathological examination performed? Yes No	n	If yes, results:						Did this			ıcy result	t in a maternal death?
				Type of Te	rminat	tion Procedur	es					
Procedure that Terminate	ed Pr	egnancy		1,5pc of 1c		Additional Pr		that Ter	minated Pr	egnancy		
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic	cal) N	Misoprostol				Medical	(Nonsu	rgical) N	Aifepriston Aisoprostol Other (Spec			
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Men	strual Aspiration			_ _ [[]	Medical	(Surgical	al) Mens	on Curetta strual Aspin (Specify)	ge ration		
For Medical (Surgical) p	oroceo	lures, answer the fe	ollowing questio	n.	- _F	For Medical (Surgica	l) proced	ures, answ	er the follow	ing ques	 tion.
Was the fetus viable or ☐ Yes ☐ N		a post fertilization	age at least 20	weeks?		_	ıs viable Yes	_	a post fert	ilization age	at least 2	20 weeks?
If the previous question	was a	nswered yes, comp	olete the following	ng questions.	I	f the previou	s questi	on was a	nswered ye	s, complete t	the follow	wing questions.
Was the fetus given the ☐ Yes ☐ N		opportunity to sur	vive?				ıs given Tes 🗀		opportunit	y to survive?		
What was the basis for that required the proceed woman?												an had a condition ent to the pregnant
Date last normal menses	_	n 26/2015		Physician esti	mate o	of gestation (i	n weeks	·)	Post fe	tilization ago	e of the f	etus (in weeks)
How were the gestationa			on age determin	ed?								
ULTRASOUND												
Full name of physician p	perfor	ming termination										
Address of physician per 8950 GEORGETOWN		-		t, city, state, and	zip co	ode)						
**Date Reported to D	OCS.	if Patient under 1	4 (month day	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZANIN	E DRIVE, City or	City or town, of pregnancy termination LAFAYETTE County of pregnancy termination TIPPECANOE					
Patient's age** Mar	Data of moon	ancy termination	Educat	ion				
Patient's age Mai	inica –	01/12/2016	Educat		Some C	ollege, No Degree		
Race American Indiana or A Native Hawaiian or O	ther Pacific Islander White	☐ Black or Afric	can American	Unknown	■ Not 1	y anic or Latino Hispanic or Latino		
Live Births:	Number now living 0			Number now		0		
Other Terminations:	Number of spontaneous terminations 0			Number of in	nduced termi	nations 0		
Dates of terminations (Do	o not include this termination. If more to	han six (6), those n	nost recent.)					
Fetus delivered alive?	If yes, length of time fetus surviv	ed:	4	5.	cation(s) of Pregnancy Termination			
☐ Yes ■ No				■	None	☐ Uterine Perforation		
F. 110	TC : 11	• ,•			Hemorrhag	ge Cervical Laceration		
Fetus viable? ☐ Yes ■ No	If viable, medical reason for term	ination:			Infection	Retained Products		
					Other (Spec	cify)		
Pathological examination	If yes, results:			\dashv \Box	- IIII (~F	-997		
performed?	-				1			
☐ Yes ■ No				Did t		on of pregnancy result in a maternal death?		
		Type of Term	ination Procedur	es				
Procedure that Terminated	d Pregnancy		Additional Pr	ocedure that T	erminated P	regnancy		
Medical (Nonsurgical	al) Mifepristone		☐ Medical	(Nonsurgical)	Mifenriston	ne		
 Medical (Nonsurgical 	al) Misoprostol		☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprosto	1		
☐ Medical (Nonsurgica	ii) Other (<i>specify</i>)		Wiedicai	(Nonsurgicai)	Other (Spec	<i>(14y)</i>		
☐ Medical (Surgical) S☐ Medical (Surgical) M			☐ Medical ☐ Medical	(Surgical) Su (Surgical) Me	ction Curetta enstrual Aspi	nge ration		
☐ Medical (Surgical) (Other (Specify)			(Surgical) Ot				
For Medical (Surgical) pr	ocedures, answer the following question	on.	For Medical (Surgical) proc	edures, answ	ver the following question.		
Was the fetus viable or l ☐ Yes ☐ N	have a post fertilization age at least 20 o	weeks?		is viable or ha	ve a post fer	tilization age at least 20 weeks?		
If the previous question w	vas answered yes, complete the following	ng questions.	If the previou	s question was	s answered y	es, complete the following questions.		
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?			is given the bo	est opportuni	ty to survive?		
	o determination that the pregnant woman	had a condition	_	_	termination t	hat the pregnant woman had a condition		
	ure to avert death or serious impairmen					ath or serious impairment to the pregnant		
1								
Date last normal menses b	began	Physician estima	te of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
l	JNKNOWN		7	,		5		
How were the gestational ULTRASOUND	age and post fertilization age determin	ed?						
321101000110								
Full name of physician pe	erforming termination							
DR. MICHAEL KING								
	Forming termination (number and street ROAD, INDIANAPOPLIS, IN 46268	t, city, state, and zip	o code)					
**Data Papartad to DO	S if Datient under 14 (month day)							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		TE) - 964 MEZZANIN	E DRIVE, City	or town, of		ncy tern			• •	_	y termination CANOE
LAFAYETTE, IN, 47905							-			, _	
Patient's age** Ma	arried Yes N		nancy termination	n	Educat	tion		Bach	elor's Degre	e_	
Race American Indiana or Native Hawaiian or C		Asian White	Black or A	African Ame	rican	☐ Unl	known		nic or Latino Iispanic or La	tino	☐ Unknown
Live Births:	Number now livir	<u></u>				Numb	er now d		0		
Other Terminations:	Number of sponta	neous terminations 0				Numb	er of ind	aced termin			
Dates of terminations (De		•									
Fetus delivered alive? Yes No	1	of time fetus surviv		4			5	•	ation(s) of Pro	egnancy	Termination Perforation
Fetus viable? Yes No	If viable, med	ical reason for term	nination:				□ I	Hemorrhage nfection Other (Spec			al Laceration ed Products
Pathological examination performed? Yes • No	If yes, results						Did this			cy result	in a maternal death?
					_		_			_	
			Type of Te	ermination P	rocedur	es					
Procedure that Terminate	ed Pregnancy			Addit	ional Pr	ocedure	that Ter	minated Pr	egnancy		
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic	al) Misoprostol			□ N	I edical	(Nonsui	rgical) N	Aifepristono Aisoprostol Other (Speci			
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiratio	n		□ N	Aedical	(Surgica	al) Mens	on Curettag strual Aspir (Specify)	ge ration		
For Medical (Surgical) p	rocedures, answer th	ne following question	on.	For M	ledical (Surgica	l) proced	ures, answ	er the following	ng ques	_ cion.
Was the fetus viable or ☐ Yes ☐ N		tion age at least 20	weeks?	Was		ıs viable Yes 🗀		a post fert	ilization age a	t least 2	0 weeks?
If the previous question v	was answered yes, co	omplete the followi	ng questions.	If the	previou	s questi	on was a	nswered ye	es, complete th	ne follov	ving questions.
Was the fetus given the ☐ Yes ☐ N	11	survive?		Was		ıs given Yes		opportunit	y to survive?		
What was the basis for that required the proceed woman?					required						an had a condition ent to the pregnant
Date last normal menses	began 11/27/2015		Physician esti	mate of gest		n weeks)	Post fer	rtilization age	of the f	etus (in weeks)
How were the gestational	l age and post fertili	zation age determin	ied?								
ULTRASOUND											
Full name of physician p DR. MICHAEL KING	erforming termination	on									
Address of physician per 8950 GEORGETOWN	-			l zip code)							
**Date Reported to D	CS, if Patient und	er 14 (month, day)	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Laci fallate to file trils i	eport on time as required is a olas	3 D misacmeane	1 pc 10 10 04 .	2 3 (b).		
Facility Name and Addres PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZANIN	IE DRIVE, City o	r town, of pregna LAFA	ncy termination YETTE		County of pregnancy termination TIPPECANOE
Patient's age** Mar		nancy termination 01/12/2016	Educa	tion	Some Co	ollege, No Degree
Race American Indiana or A Native Hawaiian or O Live Births:	ther Pacific Islander Number now living White	☐ Black or Afr	ican American	Unknown Number now c	☐ Not I	anic or Latino
Other Terminations:	0 Number of spontaneous terminations			Number of ind	uced termi	
	o not include this termination. If more	than six (6), those	most recent.)			0
1	2 3		4	5		6
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus surviv	ved:			•	cation(s) of Pregnancy Termination Uterine Perforation
					Hemorrhag	<u> </u>
Fetus viable? ☐ Yes ■ No	If viable, medical reason for term	nination:			Infection	Retained Products
1es = No					Other (Spec	_
Pathological examination	If yes, results:					
performed? ☐ Yes ■ No				Did thi ☐ Ye		on of pregnancy result in a maternal death?
		T CT	ainatis = D: 1			
<u> </u>	1.0	Type of Term	nination Procedu			
Procedure that Terminated	•			rocedure that Ter		
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	d) Misoprostol			(Nonsurgical) M (Nonsurgical) M (Nonsurgical) C	Aisoprostol	l
Medical (Surgical) S Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			(Surgical) Suct (Surgical) Men (Surgical) Othe	strual Aspi	
For Medical (Surgical) pr	ocedures, answer the following question	on.	For Medical	(Surgical) proceed	dures, answ	ver the following question.
Was the fetus viable or l ☐ Yes ☐ N	have a post fertilization age at least 20	weeks?		us viable or have Yes No	a post fert	tilization age at least 20 weeks?
If the previous question w	vas answered yes, complete the followi	ng questions.	If the previou	is question was a	nswered ye	es, complete the following questions.
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?			us given the best Yes \[\] No	opportunit	ty to survive?
	letermination that the pregnant womar ure to avert death or serious impairmen					hat the pregnant woman had a condition ath or serious impairment to the pregnant
Date last normal menses b	pegan 11/12/2015	Physician estim	ate of gestation (in weeks)	Post fe	rtilization age of the fetus (in weeks) 5
How were the gestational ULTRASOUND	age and post fertilization age determine	ned?				
Full name of physician pe DR. MICHAEL KING						
	forming termination (number and stree ROAD, INDIANAPOPLIS, IN 46268		ip code)			
**Date Reported to DO	CS, if Patient under 14 (month, day,	year):				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and Add	lress	·		City	or town, o	f pregnanc	cy termination		County of pregnance	ey termination
PLANNÉD PARENTHOOD LAFAYETTE, IN, 47905	OF IN	DIANA (LAFAYETTE) -	964 MEZZANIN	E DRIVE,		LAFAYI	•			ECANOE
Patient's age**	<u>π</u>	, I	Date of pregr	nancy termination	1	Educatio	on .			_
36	Marrie [d Yes • No		01/12/2016	1	Educatio	лı 	Asso	ociate Degree	
Race American Indiana o Native Hawaiian or			Asian White	☐ Black or A	frican Ame	_	Unknown		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:	Nı	umber now living	2			1	Number now d	eceased	0	
Other Terminations:	Nı	umber of spontaneou	s terminations			1	Number of ind	uced termin	nations	
Dates of terminations (a				* **		,	5.		6	
Fetus delivered alive?		If yes, length of tir						Complic	cation(s) of Pregnancy	y Termination
☐ Yes ■ No	1						1	None	☐ Uterin	e Perforation
		70					— 🗆 г	Hemorrhag	e 🔲 Cervio	cal Laceration
Fetus viable? ☐ Yes ■ No		If viable, medical i	eason for tern	nination:				nfection	☐ Retain	ned Products
								Other (Spec	cify)	
Pathological examination	on	If yes, results:						(307	
performed? Yes No							D:44:		C	It in a maternal death?
l les l No	,									t in a maternal death?
				Type of Te	mination I	Procedures	S			
Procedure that Termina	ated Pr	regnancy			Addit	tional Proc	cedure that Ter	minated Pr	regnancy	
Medical (Nonsurgi					_ n	Medical (N	Nonsurgical) N	/lifepriston	e	
Medical (NonsurgMedical (Nonsurg	ical) I ical) (Misoprostol Other (Specify)				Medical (N Medical (N	Nonsurgical) N Nonsurgical) C	Aisoprostol Other (Spec	ify)	
Medical (Surgical)	Suct	ion Curettage			-	Medical (S	Surgical) Sucti	on Curetta	ge	
Medical (Surgical) Medical (Surgical)) Men	strual Aspiration				Medical (S	Surgical) Mens Surgical) Other	strual Aspir		
iviedicai (Surgicai)) Ouic	л (зресцу)				vieuicai (S	surgicar) Ouie	і (зресіју)		
Ear Madical (Syraigal)		dumos amorriom tha fal	lavvina avasti			Andinal (C)		lumas amarr	er the following ques	
For Medical (Surgical) Was the fetus viable of	_								ilization age at least	
Yes Yes		e a post fortimization (ige at least 20	weeks.	774		es No	a post fert	inization age at least.	20 Weeks.
If the previous question	ı was a	answered yes, comple	ete the followi	ng questions.	If the	previous o	question was a	nswered ye	es, complete the follo	wing questions.
Was the fetus given the Yes ☐		t opportunity to survi	ve?		Was		given the best s No	opportunit	ty to survive?	
What was the basis fo					Wh	at was the	basis for deter	mination tl	hat the pregnant wom	nan had a condition
that required the proc woman?	edure	to avert death or seri	ous impairme	nt to the pregnant		required t nan?	the procedure t	o avert dea	nth or serious impairn	nent to the pregnant
Date last normal mense	_	an 18/2015		Physician estin	_	station (in	weeks)	Post fe	rtilization age of the	fetus (in weeks)
How were the gestation			n age determir	l ied?					<u> </u>	
ULTRASOUND										
Full name of physician DR. MICHAEL KING										
Address of physician possible 8950 GEORGETOWN		-			zip code)					
**Date Reported to 1	DCS	if Patient under 14	(month day	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	ddres	S INDIANA (LAFAYETTE) -	964 MEZZANINI	E DRIVE,	City or t	town, of pregr LAF	ancy ter			County of pregnand	ey termination ECANOE		
Patient's age**			Date of mac-	anov tow-	ination	Ti de ce	ation						
Patient's age** 21	Mar	ried ☐ Yes ■ No	Date of pregn	ancy term 01/12/201		Educ	auon		Bach	nelor's Degree			
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White	☐ Black		an American		nknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Num	ber now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Num	ber of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		han six (6)), those m	ost recent.)	II			<u> </u>			
1		2				4		5	C1:-	6	Tii		
Fetus delivered alive Yes 1		If yes, length of ti	me fetus surviv	ed:			cation(s) of Pregnanc	•					
						■ None ☐ Uterine Perfor							
Fetus viable?		If viable, medical	reason for term	ination:				- I	Hemorrhag	e	cal Laceration		
☐ Yes ■ 1	No	,						□ I	nfection	☐ Retain	ned Products		
						☐ Other (Specify)							
Pathological examin	ation	If yes, results:											
performed?	No							Didthi	a tamainati	on of magness are recovered	It in a maternal death?		
	140										it in a maternal death?		
				Туре	of Termi	nation Proced	ures						
Procedure that Term	inated	Pregnancy				Additional	Procedu	re that Ter	minated Pr	egnancy			
										•			
Medical (NonsuMedical (Nonsu	ırgica) Misoprostol				☐ Medica	1 (Nons	urgical) N	Aifepriston Aisoprostol				
☐ Medical (Nonsu	ırgica) Other (Specify)				☐ Medica	1 (Nons	urgical) C	Other (Spec	ify)			
		uction Curettage				☐ Medica	l (Surgi	cal) Sucti	on Curetta	ge			
☐ Medical (Surgion Med		Ienstrual Aspiration other (Specify)				☐ Medica	1 (Surgi 1 (Surgi	cal) Mens	strual Aspin r (Specify)	ration			
	1)	1					·G :	1		.1 6.11			
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	n.		For Medica	(Surgic	cal) procec	lures, answ	er the following que	stion.		
	le or h ∐No	ave a post fertilization	age at least 20	weeks?			tus viab Yes [a post fert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questio	ne	If the previo	iis anes	tion was a	nswered ve	es, complete the follo	wing questions		
				ng questio	113.	_	_		-	_	wing questions.		
Was the fetus given Yes		pest opportunity to surv	ive?				tus give Yes [opportunit	ty to survive?			
What was the basis	s for d	etermination that the pr	egnant woman	had a con	dition	What was	the basi	is for deter	mination th	hat the pregnant won	nan had a condition		
		ire to avert death or ser								th or serious impairs			
woman:						woman:							
Date last normal men		egan 1/18/2015		Physicia	n estimat	e of gestation 7	(in week	ks)	Post fe	rtilization age of the 5	tetus (in weeks)		
How were the gestat		age and post fertilization	n age determin	ed?		<u> </u>							
ULTRASOUND													
Full name of physici DR. MICHAEL KING	G Î												
= -	-	orming termination (number of the original of the original of the original		t, city, stat	e, and zip	code)							
0930 GLORGETON	VIN I	OAD, INDIANAFOPI	-10, IIN 40200										
**Date Reported t	year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and Add	ress			City	or town.	of pregna	ncv tern	nination		County of pres	gnancy termination
PLANNED PARENTHOOD LAFAYETTE, IN, 47905	OF IN	DIANA (LAFAYETTE) -	964 MEZZANIN	E DRIVE,	51 town,		YETTE				IPPECANOE
Patient's age**	// Aarrie	d	Date of pregr	nancy termination	1	Educat	tion				
27		Yes No		01/12/2016				l		ol Diploma or (GED
Race American Indiana o Native Hawaiian or	Other	Pacific Islander	Asian White	☐ Black or A☐ Other	frican Aı	merican		known	Not H	nnic or Latino Hispanic or Latin	no 🔲 Unknown
Live Births:	Nı	amber now living	1					er now d		0	
Other Terminations:		umber of spontaneou	1				Numb	er of ind	uced termin	nations 1	
Dates of terminations (1) 1. 07/14/2014				han six (6), thos				5		6	
Fetus delivered alive?		If yes, length of tir							Complic	ration(s) of Pregr	nancy Termination
☐ Yes ■ No									None	□ U	Iterine Perforation
Fetus viable?		If viable, medical 1	eason for term	nination:				□ I	Hemorrhag	e 🗆 C	Cervical Laceration
Yes No		ii viable, medicai i	eason for term	imation.				□ I	nfection	☐ R	tetained Products
									Other (Spec	rify)	
Pathological examination	on	If yes, results:									
performed? Yes No)							Did this	s terminatio	on of pregnancy	result in a maternal death?
								☐ Yes			
				Type of Te	rminatic	n Procedu	rec				
Drongdurg that T	nted D	ragnangy		Type of Te				that T-	minated D	agnanov.	
Procedure that Termina		•			Add				minated Pr		
Medical (NonsurgiMedical (Nonsurgi	ical) I	Misoprostol			┨Ӹ	Medical	(Nonsui	rgical) N	Aifepriston Aisoprostol		
Medical (Nonsurgi	ical) (Other (Specify)				Medical	(Nonsu	rgical) C	Other (Spec	ify)	
Medical (Surgical) Medical (Surgical)									on Curetta		
Medical (Surgical)									r (Specify)		
For Medical (Surgical)	proce	dures, answer the fol	lowing question	on.	For	Medical (Surgica	l) proced	lures, answ	er the following	question.
Was the fetus viable of Yes ☐		e a post fertilization a	age at least 20	weeks?	W		us viable Yes 🗀		a post fert	ilization age at 1	east 20 weeks?
If the previous question	ı was a	answered yes, comple	ete the followi	ng questions.	If the	he previou	s questi	on was a	nswered ye	es, complete the	following questions.
Was the fetus given th ☐ Yes ☐		t opportunity to survi	ive?		W		us given Yes		opportunit	y to survive?	
What was the basis fo		rmination that the pr	egnant woman	had a condition	W	/hat was th	ne basis	for deter	mination tl	nat the pregnant	woman had a condition
that required the processions woman?					t th	at required	d the pro	ocedure t	o avert dea	th or serious im	pairment to the pregnant
W GILLEN					"	·					
Date last normal mense	s bega	an		Physician estin	nate of g	estation (i	n weeks)	Post fe	rtilization age of	f the fetus (in weeks)
	11/	16/2015	•	-		7					5
How were the gestation ULTRASOUND	ial age	and post fertilization	n age determir	ied?							
Full name of physician DR. MICHAEL KING	perfo	rming termination									
Address of physician po		-			zip code	·)					
**Date Reported to I	DCS	if Patient under 14	(month day	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/27/2016

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Facility Name and A PLANNED PARENTHO LAFAYETTE, IN, 47905	OD OF	S INDIANA (LAFAYETTE) -	964 MEZZANIN	IE DRIVE,	City or	town, of preg	nancy to			County of pregna	ncy termination PECANOE		
Datie of the	1		D-: C			Ι							
Patient's age** 25	Mar	ried Yes I No	Date of pregr	nancy termi 01/12/201		Edu	cation			ollege, No Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American		Unknown	☐ Not l	y anic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	1				Nui	mber now de	eceased	0			
Other Termination	ıs:	Number of spontaneou	s terminations				Nui	mber of indu	aced termi	nations 0			
Dates of termination	is (Do	not include this termina				ost recent.)	ı						
Fetus delivered alive	<u> </u>	If yes, length of tin	me fetus survis			4		5	Complia	cation(s) of Pregnar	cy Termination		
Yes I		in yes, length of the	ine retus sur viv	rea.				■ N	None	☐ Utei	ine Perforation		
									Iemorrhag	re ∏ Cerv	rical Laceration		
Fetus viable? Yes	No	If viable, medical	reason for term	nination:					nfection	_	ined Products		
									Other (Spec	_			
Pathological examin	ation	If yes, results:							outer (Spec	-9,57			
performed?						Did this termination of pregnancy result in a mat							
	110							Yes			uit iii a maternai deadi :		
				Туре	of Termi	nation Proced	lures						
Procedure that Term	inated	l Pregnancy				Additional	Procedi	lure that Teri	minated P	regnancy			
Medical (Nonsu Medical (Nonsu								nsurgical) M					
		l) Other (Specify)						nsurgical) O					
		uction Curettage						(Surgical) Suction Curettage (Surgical) Menstrual Aspiration					
Medical (Surgio		Ienstrual Aspiration Other (Specify)						gical) Mens gical) Other					
For Medical (Surgic	al) pro	ocedures, answer the fol	llowing question	on.		For Medica	l (Surg	gical) proced	ures, answ	ver the following qu	estion.		
		nave a post fertilization	age at least 20	weeks?					a post fer	tilization age at leas	t 20 weeks?		
☐ Yes [□ No					
		as answered yes, compl		ng questior	ns.		_			es, complete the fol	lowing questions.		
	n the l	best opportunity to surv	ive?					ven the best No	opportuni	ty to survive?			
		etermination that the pr									man had a condition		
that required the programmer woman?	rocedı	ire to avert death or seri	ious impairmei	nt to the pre	egnant	that requi woman?	red the	procedure to	o avert dea	ath or serious impai	rment to the pregnant		
Date last normal me		-		Physician	n estimat	e of gestation	(in wee	reks)	Post fe	ertilization age of th	e fetus (in weeks)		
How were the gestat		1/11/2015 age and post fertilization	n age determir	ned?		7			<u> </u>	5			
ULTRASOUND	wiidl	use and post territizatio	ii age uciciiiiii	iou:									
Full name of physician performing termination DR. JEFFREY D. GLAZER													
		orming termination (num	mber and stree	et, city, state	e, and zip	code)							
1201 N ARLINGTO	N AV	E, INDIANAPOLIS, I	N 46219										
**Date Reported t	to DC	S, if Patient under 14	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD C		DIANA (LAFAYETTE)	- 964 MEZZANINI	E DRIVE, City of	or town, of pr	_	ncy tern			County of		ey termination	
LAFAYETTE, IN, 47905				J	_							- -	
Patient's age** 34	arried	Yes No		ancy termination 01/05/2016	Е	ducat	ion		Asso	ociate Degr	ee		
Race American Indiana or Native Hawaiian or O			☐ Asian ☐ White	■ Black or Afr	rican Americ	an	☐ Unl	known		nnic or Latin		☐ Unknown	l
Live Births:	Nu	mber now living	2				Numb	er now d	eceased	0			
Other Terminations:		mber of spontaneo	ous terminations 0				Numb	er of ind	uced termi				
Dates of terminations (D			•										
Fetus delivered alive? Yes No	_ 2	If yes, length of t			4			5	None		Pregnancy Uterin	y Termination e Perforation	_
Fetus viable? ☐ Yes ■ No		If viable, medica	l reason for term	ination:				□ I	Hemorrhag nfection Other (Spec		_	eal Laceration	
Pathological examination performed? Yes No	n	If yes, results:						Did this			ncy resul	t in a maternal de	eath?
				Type of Terr	nination Pro	cedur	es						
Procedure that Terminate	ed Pro	egnancy		Type of Tell				that Ter	minated Pr	egnancy			
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic	cal) N	Iisoprostol			☐ Me	dical	(Nonsui	gical) N	lifepriston lisoprostol other (Spec				
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Mens	strual Aspiration			☐ Me	dical	(Surgica	al) Mens	on Curetta strual Aspi (Specify)	ge ration			
For Medical (Surgical) p	roced	lures, answer the f	ollowing questio	n.	For Med	lical (Surgica	l) proced	ures, answ	er the follow	wing ques	stion.	
Was the fetus viable or ☐ Yes		a post fertilization	age at least 20	weeks?		_	ıs viable 'es 🗀	_	a post fert	ilization age	e at least	20 weeks?	
If the previous question	was a	nswered yes, com	plete the following	ng questions.	If the pro	eviou	s questi	on was a	nswered ye	es, complete	the follo	wing questions.	
Was the fetus given the ☐ Yes ☐ N		opportunity to sur	vive?				ıs given 'es [opportunit	y to survive	?		
What was the basis for that required the process woman?						quire						nan had a conditionent to the pregna	
Date last normal menses	_	n 1/2015		Physician estim	ate of gestat	ion (i	n weeks)	Post fe	rtilization a	ge of the	fetus (in weeks)	
How were the gestationa			on age determin	ed?					I		-		
ULTRASOUND													
Full name of physician p		ming termination											
Address of physician per 1201 N ARLINGTON A	rform			t, city, state, and z	ip code)								
	-,												
**Date Reported to D	CS.	if Patient under	14 (month, day)	vear):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad	ldress			City	or towi	n, of pregna	ncy terr	nination		County of preg	gnancy termination
PLANNÉD PARENTHOOI LAFAYETTE, IN, 47905	D OF IN	IDIANA (LAFAYETTE) -	964 MEZZANIN	E DRIVE,			YETTE				IPPECANOE
Patient's age**	м .	. <u>.</u>	Date of preon	ancy terminatio	n	Educa	tion				
39	Marrie [ed ■ Yes □ No		01/11/2016		Lauca				llege, No Degr	ree
Race American Indiana Native Hawaiian o			Asian White	☐ Black or A	frican A	American	☐ Un	known		nic or Latino Iispanic or Latin	no 🔲 Unknown
Live Births:	N	fumber now living	0				Numb	er now d	eceased	0	
Other Terminations:	: N	umber of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0	
Dates of terminations							I				
Fetus delivered alive?		If yes, length of tim			_ 4			5	Complic	ation(s) of Pregr	nancy Termination
Yes N		if yes, length of the	ne ietus surviv	eu.				1		_	Iterine Perforation
									Hemorrhage	_	Cervical Laceration
Fetus viable?		If viable, medical r	eason for term	ination:					C	_	
Yes N	0								nfection	_	etained Products
Dath alogical avaminat	tion	If you woulded							Other (Spec	ify)	
Pathological examinat performed?		If yes, results:									
☐ Yes ■ N	lo							Did thi			result in a maternal death?
		1					I				
				Type of Te	rminatio	on Procedu	res				
Procedure that Termin	nated P	regnancy			A	dditional Pi	rocedure	that Ter	minated Pr	egnancy	
☐ Medical (Nonsur									/lifepristone		
Medical (Nonsur	gical)	Misoprostol				Medical	(Nonsu	rgical) N	Misoprostol Other (Speci		
i wedicar (rvonsur)	gicai)	Other (speetyy)] Wedicar	(1volisu	igicai) C	other (Speci	<i>191</i>	
	1) 0				_ _	1 26 11 1	/G :	1) 0 .:	- G .::		
	l) Mei	nstrual Aspiration				Medical	(Surgic	al) Mens	on Curettag strual Aspir		
Medical (Surgica	l) Oth	er (Specify)] Medical	(Surgic	al) Othe	r (Specify)		
					_ _						
For Medical (Surgical) proce	edures, answer the following	lowing questic	on.	Fo	or Medical	(Surgica	ıl) proced	lures, answ	er the following	question.
Was the fetus viable ☐ Yes		e a post fertilization a	age at least 20	weeks?	1		us viabl Yes [a post ferti	lization age at le	east 20 weeks?
If the previous question	on was	answered yes, comple	ete the followi	ng questions.	If	the previou	ıs questi	on was a	nswered ye	s, complete the	following questions.
Was the fetus given ☐ Yes ☐		st opportunity to survi	ive?		,		us given Yes		opportunit	y to survive?	
		ermination that the pro	egnant woman	had a condition		_		_	mination th	at the preopent	woman had a condition
		to avert death or serie			t t	hat require wow.	d the pro	ocedure t	o avert dea	th or serious imp	pairment to the pregnant
woman:						woman :					
Date last normal mens	ses hen	an		Physician esti	mate of	gestation (in weeks	;)	Post for	tilization age of	f the fetus (in weeks)
	11/	01/2015		-	01	10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 050 101		8
How were the gestation	onal ag	e and post fertilization	n age determin	ed?							
Full name of physician											
DR. JEFFREY D. GL Address of physician			nher and stree	t, city, state and	l zip cod	le)					
1201 N ARLINGTON	_	-		., сну, эше, ин	p cou	/					
**Date Reported to	DCS	if Patient under 14	(month day	vear):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905							LAFAYETTE TIPPECANC						
Patient's age**			Date of pregn	anov tom-	ination	Educa	ntion				1		
27	Mar	ried □ Yes ■ No		01/11/201		Educa	шоп		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Blac		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	per now d	leceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 1			
Dates of termination 1. 2012	s (Do	not include this termin	ation. If more to	han six (6)		ost recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnan	cy Termination		
☐ Yes ■ I	No								None	☐ Uteri	ne Perforation		
									Hemorrhag	e \square Cerv	ical Laceration		
Fetus viable?		If viable, medical	reason for term	ination:						_			
☐ Yes ■ I	No								Infection	∐ Reta	ned Products		
					Other (Specify)								
Pathological examin	ation	If yes, results:											
performed?	No					Did this termination of pregnancy result in a ma							
								Ye		or pregnancy rest	in a maternal death?		
				Type	of Termi	nation Procedu	res						
Procedure that Term	inetes	Pregnancy		V1 ·		Additional P		a that Ta-	minated D	egnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu									Mifepriston Misoprostol				
		Other (Specify)							Other (Spec				
- M 1: 1/6 :	1) 0	·					/G :	1) 0 (
Medical (SurgioMedical (Surgio		lenstrual Aspiration				Medical Medical	(Surgic	al) Sucti al) Men	ion Curetta; strual Aspii	ge ration			
☐ Medical (Surgio	cal) C	ther (Specify)							r (Specify)				
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.		
	e or n ■ No	ave a post fertilization	age at least 20	weeks?			Yes [e a post tert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the following	ng questio	ns.	If the previo	ıs quest	ion was a	inswered ve	es, complete the foll	owing questions.		
				-8 1		_	_		-	-			
was the fetus gives Yes		pest opportunity to surv	ive?				us givei Yes [_	opportunit	y to survive?			
What was the basis	ford	etermination that the pr	eonant women	had a con	dition	What was t	he hasis	for deter	mination t	hat the pregnant wo	nan had a condition		
that required the pr		re to avert death or ser				that require					ment to the pregnant		
woman?						woman?							
						1							
Date last normal mer	nses b	egan		Physicia	n estimat	e of gestation (in week:	s)	Post fe	rtilization age of the	e fetus (in weeks)		
	1	1/20/2015				7				5	•		
=	ional	age and post fertilization	n age determin	ed?	_		_						
ULTRASOUND													
Full name of physici	_	-											
DR. JEFFREY D. G		erming termination (number 1)	mber and street	t, citv. stat	e, and zin	code)							
	-	E, INDIANAPOLIS, I		., c.,, suu	-, ana up								
**Data Dancetad +													
Date Reported t	σDC	S, if Patient under 1	+ (montn, aay, j	year):						_			

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Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905						City or town, of pregnancy termination C LAFAYETTE				, , ,	County of pregnancy termination TIPPECANOE	
						1 _						
Patient's age** 24	Marrio	ed □ Yes ■ No	Date of pregr	01/04/20		Educ	eation	ŀ		ool Diploma or G	ED	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	☐ Ur	nknown		y anic or Latino Hispanic or Latino	Unknown	
Live Births:	N	Number now living	1					ber now d		0		
Other Termination	s: N	Number of spontaneou					Numl	ber of ind	uced termi	nations		
Dates of termination	s (Do no	ot include this termin				ost recent.)		5				
Fetus delivered alive	?	If yes, length of ti							Complia	cation(s) of Pregna	ancy Termination	
☐ Yes ■ 1	No				■ None ☐ Uterine Perforatio							
									Hemorrhag	e \Box Ce	rvical Laceration	
Fetus viable?	. T	If viable, medical	reason for term	nination:						_		
☐ Yes ■ 1	No								nfection	☐ Re	tained Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No										esult in a maternal death?	
								☐ Yes	s 🔳 N	0		
Type of Termination Procedures												
Procedure that Term	inated I	Pregnancy				Additional	Procedur	e that Ter	minated Pr	regnancy		
☐ Medical (Nonsu	ırgical)	Mifepristone				☐ Medica	ıl (Nonsu	ırgical) M	// difepriston	e		
Medical (Nonsu	ırgical)	Misoprostol							Aisoprosto Other (Spec			
iviculcai (1 tonse	iigicai)	Other (speegy)				Wiedles	11 (1101130	ingicui) C	other (spee	997		
Medical (Surgio		ction Curettage							on Curetta strual Aspi			
Medical (Surgio									r (Specify)	iuion		
For Medical (Surgic	al) proc	edures, answer the fo	llowing question	on.		For Medica	l (Surgica	al) proced	lures, answ	ver the following o	uuestion.	
	_	ve a post fertilization				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	No	ve a post fertilization	age at least 20	WCCKS:			Yes [a post ter	imzation age at lea	ast 20 weeks:	
If the previous quest	ion was	answered yes, comp	lete the followi	ng questio	ns.	If the previo	ous quest	ion was a	nswered y	es, complete the fo	ollowing questions.	
Was the fetus give	n the be	st opportunity to surv	rive?			Was the fo	etus give	n the best	opportuni	ty to survive?		
	☐ No	, and the same of						No		.,		
		ermination that the pr									oman had a condition	
that required the programmer woman?	rocedure	e to avert death or ser	ious impairmei	nt to the pr	egnant	that require woman?	ed the pi	rocedure t	o avert dea	ath or serious impa	airment to the pregnant	
Data last 1	nggs 1	700		Dia' '	n cot! :	o of ~~	(in	a)	D C	utilization C:	ho fotus (in L-)	
Date last normal me	-	gan /09/2015		rnysicia	an estimate	e of gestation 8	(in week	s <i>)</i>	Post fe	_	the fetus (in weeks)	
How were the gestat	ional ag	ge and post fertilization	n age determir	ned?								
ULTRASOUND												
Full name of physici DR. JEFFREY D. G	BLAZEF	3		_	_		_	_	_			
Address of physician 1201 N ARLINGTO	-	ming termination (nu		t, city, stat	e, and zip	code)						
.201147412114010	/ . V L	,										
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and Address PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZANI	NE DRIVE, City or	town, of pregna	ncy terminat YETTE	ion	County of pregnancy termination TIPPECANOE				
Dationt's access		manay tamaia -ti -	F.1	ion						
Patient's age** 27 Race	rried Date of preg	mancy termination 02/23/2016	Educa	.1011	High Scho	ool Diploma or GED				
American Indiana or A Native Hawaiian or O	ther Pacific Islander White	☐ Black or Afri ■ Other	can American	Unknow	n ☐ Hisp	y anic or Latino Hispanic or Latino				
Live Births:	Number now living				er now deceased 0					
Other Terminations:	Number of spontaneous termination 0		Number of induced terminations 0							
Dates of terminations (Do	o not include this termination. If more	than six (6), those n	nost recent.)							
Fetus delivered alive?	2 3	wad.	4		5	cation(s) of Pregnancy Termination				
Yes No	If yes, length of time fetus survi	veu:			_	Uterine Perforation				
					_	_				
Fetus viable?	If viable, medical reason for ter	mination:] Hemorrhag	ge Cervical Laceration				
☐ Yes ■ No] Infection	☐ Retained Products				
					Other (Spec	cify)				
Pathological examination performed?										
Yes No						on of pregnancy result in a maternal death?				
					Yes N					
		Type of Term	ination Procedu	res						
Procedure that Terminated	d Pregnancy	JF- 57 101111	Additional Pr		Terminated D	regnancy				
			_							
Medical (NonsurgicaMedical (Nonsurgica	al) Misoprostol		☐ Medical	(Nonsurgical	MifepristonMisoprosto	1				
☐ Medical (Nonsurgica	al) Other (Specify)		Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) S					uction Curetta					
☐ Medical (Surgical) Medical (Surgical) (Ienstrual Aspi ther (<i>Specify</i>)					
For Medical (Surgical) pr	ocedures, answer the following quest	ion.	For Medical (Surgical) procedures, answer the following question.							
	have a post fertilization age at least 20		Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes N	1			es No						
If the previous question w	vas answered yes, complete the follow	ring questions.	If the previou	s question w	as answered y	es, complete the following questions.				
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?			is given the l		ty to survive?				
	determination that the pregnant woma					that the pregnant woman had a condition				
	ure to avert death or serious impairme					ath or serious impairment to the pregnant				
woman:			Woman:							
Date last normal menses b	heran	Physician estima	ite of castation (n weeks)	Dogt fo	ertilization age of the fetus (in weeks)				
	oegan 01/07/2016	i nysician esuma	7	n weeks)	FOST	5				
_	age and post fertilization age determine	ned?			•					
ULTRASOUND										
Full name of start'	orforming tompingti									
Full name of physician per DR. MICHAEL KING		at aits at the	n anda)							
	Forming termination (number and stre		p coae)							
**Data Papartad to DO	TS if Patient under 14 (month day									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	S INDIANA (LAFAYETTE) -	E DRIVE,	City or	City or town, of pregnancy termination				, 1 6 ,					
Patient's age**			Date of mass	anov tom-	ination	D.d	ntion				1		
Patient's age** 20	Maı	ried □ Yes ■ No	Date of pregn	ancy term 02/23/201		Educa	atiOII		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian			Asian White	☐ Blac		an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	0				Numb	per now d	leceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numl	per of ind	uced termin				
Dates of termination	s (Do	not include this termin	ation. If more to	han six (6)), those m	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnand	cy Termination		
☐ Yes ■ I	No					■ None ☐ Uterine Perforation							
								ı	Hemorrhage	e 🔲 Cervi	ical Laceration		
Fetus viable? Yes I	No.	If viable, medical	reason for term	ination:				 	Infection	□ Retai	ned Products		
	.10									_	ned I foducts		
								'	Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No										alt in a maternal death?		
						Yes No							
				Туре	of Termi	nation Procedu	ires						
Procedure that Term	inated	l Pregnancy				Additional P	rocedur	e that Ter	minated Pr	egnancy			
Medical (Nonsu	ıroica	Mifenristone				☐ Medical	(Nonsu	roical) N	Mifepristone	e			
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medica	(Nonsu	rgical) N					
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgio	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	ion Curettag	ge			
Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medica	(Surgic	al) Men	strual Aspir	ration			
☐ Medical (Surgio	ai) C	mer (<i>specify</i>)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questio	n.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable	le or l	ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes [] No)					Yes [No					
If the previous quest	ion w	as answered yes, compl	ete the following	ng questio	ns.	If the previous	us quest	ion was a	inswered ye	es, complete the foll	owing questions.		
Was the fetus given	n the	best opportunity to surv	ive?			Was the fe	tus givei	n the best	opportunit	y to survive?			
☐ Yes ☐							Yes [No					
		etermination that the pr									nan had a condition		
that required the pr woman?	ocedi	ire to avert death or ser	ious impairmen	it to the pr	egnant	that require woman?	ed the pr	ocedure t	to avert dea	th or serious impair	ment to the pregnant		
Date last normal men		egan 01/07/2016		Physicia	n estimat	e of gestation (in week.	s)	Post fer	rtilization age of the	tetus (in weeks)		
How were the gestat		age and post fertilization	n age determin	ed?		U				4			
ULTRASOUND													
Full name of physici	an pe	rforming termination											
DR. MICHAEL KING	-												
	-	orming termination (num		t, city, stat	e, and zip	code)							
8950 GEORGE I'O\	/VN F	OAD, INDIANAPOPI	-15, IN 46268										
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and Address PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	S INDIANA (LAFAYETTE) - 964 MEZ	ZZANINE DRIVE, City	or town, of pregna	ancy termi	ination	County of pregnancy termination TIPPECANOE					
LAFATETTE, IN, 4/905											
Patient's age** Marr	ried Date of	f pregnancy termination 02/23/2016	Educa	tion	Some C	College, No Degree					
Race American Indiana or Al Native Hawaiian or Oth		=	rican American	☐ Unkr		ry Danic or Latino Hispanic or Latino					
Live Births:	Number now living	1		Number	r now deceased	0					
Other Terminations.	Number of spontaneous termin	ations		Number	r of induced term						
	not include this termination. If 2. UNKNOWN 3.	more than six (6), those			5.	6.					
Fetus delivered alive? Yes No	If yes, length of time fetus				■ None	ication(s) of Pregnancy Termination Uterine Perforation					
Fetus viable? ☐ Yes ■ No	If viable, medical reason for	or termination:			☐ Hemorrhag ☐ Infection ☐ Other (Spe	☐ Retained Products					
Pathological examination performed? ☐ Yes ■ No Did this termination of pregnancy result in a maternal death of the pregnancy result in a maternal death											
☐ Yes ■ No											
		Type of Ter	mination Procedu	res							
Procedure that Terminated	Pregnancy		Additional P	rocedure t	that Terminated F	Pregnancy					
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)											
Medical (Surgical) Su Medical (Surgical) Medical (Surgical) Ot	Ienstrual Aspiration		☐ Medical	(Surgical	Suction Curett: Menstrual Asp Other (Specify,	iration					
For Medical (Surgical) prod	cedures, answer the following of	question.	For Medical	(Surgical)) procedures, ansv	wer the following question.					
Was the fetus viable or ha ☐ Yes ☐ No	ave a post fertilization age at le	ast 20 weeks?		us viable o		rtilization age at least 20 weeks?					
If the previous question wa	as answered yes, complete the f	ollowing questions.	If the previou	ıs question	n was answered y	ves, complete the following questions.					
Was the fetus given the be ☐ Yes ☐ No	pest opportunity to survive?			us given t Yes	the best opportun No	ity to survive?					
	etermination that the pregnant v re to avert death or serious imp					that the pregnant woman had a condition eath or serious impairment to the pregnant					
Date last normal menses be	egan 1/01/2016	Physician estir	nate of gestation (in weeks)	Post f	ertilization age of the fetus (in weeks) 5					
	age and post fertilization age de	termined?			L						
ULTRASOUND											
Full name of physician perf DR. MICHAEL KING											
	orming termination (number and OAD, INDIANAPOPLIS, IN		zip code)								
	S. if Patient under 14 (month										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Lacifialitie to lie i	1113 10	port on time as req		3 1111300	incanor	pci 10 10 04 2	2 0 (b).				
Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	ddress DD OF I	NDIANA (LAFAYETTE)	- 964 MEZZANIN	E DRIVE,	City or	town, of pregna	ncy termin	nation		County of pregnancy terms	
Patient's age**	Marr		Date of pregn	•		Educa	tion				
27 Race		Yes No		02/16/201	6			D	Ethnicity	Professional Degree	
American Indiana Native Hawaiian	or Oth		Asian White	☐ Black		an American	Unkn		Hispa	nnic or Latino	Unknown
Live Births:	-	Number of spontaneo	0				Number	of indu	iced termi	0 nations	
Other Terminations	3.	_	0				rumber	Of mide	icca termi	1	
Dates of terminations	s (<i>Do r</i>	ot include this termii	nation. If more to	han six (6)), those m	ost recent.)		5.		6.	
Fetus delivered alive	?	If yes, length of t	ime fetus surviv	ed:					Complic	eation(s) of Pregnancy Term	ination
☐ Yes ■ N	No							■ N	lone	☐ Uterine Perfo	ration
								Пн	lemorrhag	e 🔲 Cervical Lace	eration
Fetus viable? Yes N	No	If viable, medical	reason for term	ination:					nfection	Retained Prod	
	10									_	idets
Pathological examination If yes, results:											
performed?		ii yes, iesuits.									
Yes I	No							Did this Yes		on of pregnancy result in a n	naternal death?
				Type	of Termi	nation Procedu	res				
Procedure that Termi	inatad	Dragnancy		1) pe	01 1011111	Additional Pr		not Torr	ningted D	ragnon cv	
		•								•	
Medical (NonsuMedical (Nonsu	rgical)	Misoprostol					(Nonsurgi (Nonsurgi	ical) M	[isoprosto]		
Medical (Nonsu	rgical)	Other (Specify)				☐ Medical	(Nonsurgi	ical) O	ther (Spec	ify)	
Medical (Surgic		ction Curettage enstrual Aspiration				Medical	(Surgical) (Surgical)	Suction	on Curetta	ge	
Medical (Surgic							(Surgical)			lation	
For Medical (Surgica	al) prod	edures, answer the fo	ollowing questic	on.		For Medical	(Surgical)	proced	ures, answ	er the following question.	
	e or ha	ve a post fertilization	age at least 20	weeks?			us viable o		a post fert	ilization age at least 20 weel	xs?
If the previous questi	_	s answered yes, comp	olete the following	ng question	ns.		_		nswered ye	es, complete the following q	uestions.
Was the fetus giver ☐ Yes ☐		est opportunity to sur	vive?				us given th		opportuni	y to survive?	
		termination that the p	regnant woman	had a con	dition	_	_		mination t	hat the pregnant woman had	a condition
that required the pr		e to avert death or se				that require				th or serious impairment to	
woman?						woman?					
				1					1		
Date last normal men		gan 2/23/2015		Physicia	n estimat	e of gestation (i	n weeks)		Post fe	rtilization age of the fetus (ii 5	ı weeks)
How were the gestati	ional a	ge and post fertilizati	on age determin	ed?						<u>-</u>	
ULTRASOUND											
Full name of physicia	an perf	orming termination									
DR. MICHAEL KING	G	_									
Address of physician 8950 GEORGETOV	_	-			e, and zip	code)					
dala D		1.60	4								
**Date Reported to	o DCS	s, if Patient under 1	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905						City or town, of pregnancy termination LAFAYETTE County of pregnancy termin TIPPECANOE					•	
Patient's age**		. ,	Date of pregn	ancy term	ination	Edu	cation					
39	Maı	ried □ Yes ■ No		ancy term 02/16/201		Edu	Jauon		8th G	Grade or Less		
Race American Indiana Native Hawaiian			Asian White	☐ Black		an American		Unknown		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	3				Nur	mber now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Nur	mber of indu	uced termin	nations		
Dates of termination	s (Do	not include this termin	0 ation. If more ti	han six (6)), those m	ost recent.)				0		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnancy	y Termination	
☐ Yes ■ 1	No					■ None ☐ Uterine Perforati						
								□	Hemorrhage	e 🔲 Cervio	cal Laceration	
Fetus viable? Yes 1	No.	If viable, medical	reason for term	ination:					nfection	□ Retain	ed Products	
	.10									_	ica i roducts	
								\perp	Other (Spec	eify)		
Pathological examination performed?	ation	If yes, results:										
☐ Yes ■	No									on of pregnancy resul	t in a maternal death?	
								☐ Yes	s ■ No)		
				Туре	of Termi	nation Proced	lures					
Procedure that Term	inated	l Pregnancy				Additional	Procedi	ure that Ter	minated Pr	regnancy		
Medical (Nonsu	raica	1) Mifanristona				☐ Madic	al (Non	nsurgical) M		a		
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medic	al (Non	nsurgical) M	Iisoprostol			
☐ Medical (Nonsu	ırgica	l) Other (Specify)				Medical (Nonsurgical) Other (Specify)						
Medical (Surgio	al) S	uction Curettage				☐ Medic	al (Surg	gical) Sucti	on Curettas	ge		
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medic	al (Surg	gical) Mens	trual Aspir	ration		
☐ Medical (Surgio	ai) C	nner (Specify)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questio	n.		For Medica	l (Surg	gical) proced	ures, answ	er the following ques	stion.	
Was the fetus viabl	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
] No		C					☐ No	•	C		
If the previous quest	ion w	as answered yes, compl	ete the following	ng questio	ns.	If the previ	ous que	estion was a	nswered ye	es, complete the follo	wing questions.	
Was the fetus give	n the	best opportunity to surv	ive?			Was the f	etus oiv	ven the best	opportunit	y to survive?		
Yes [110.				_	☐ No	оррогия	y to survive.		
What was the basis	for d	etermination that the pr	egnant woman	had a con	dition	What was	the bas	sis for deter	mination th	hat the pregnant wom	an had a condition	
that required the pr woman?	ocedi	are to avert death or seri	ious impairmen	t to the pr	egnant	that requi woman?	red the	procedure to	o avert dea	th or serious impairn	nent to the pregnant	
woman:						woman?						
						1						
Date last normal men		•		Physicia	n estimat	e of gestation	(in wee	eks)	Post fe	rtilization age of the	fetus (in weeks)	
How were thet	2/27/2015	n ago doto:	ad ⁹		7				5			
ULTRASOUND	age and post fertilization	n age determin	eu :									
Full name of physic:	an r-	rforming termineties									П	
DR. MICHAEL KING	•	rforming termination										
		orming termination (num	mber and street	t, city, stat	e, and zip	code)						
8950 GEORGETOV	NN F	OAD, INDIANAPOPI	IS, IN 46268									
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):								

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Patient's age**		. ,	Date of pregn	ancy term	ination	Educ	ation				1		
25	Mar	ried Yes I No		02/16/20		Edde	VII		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American		ıknown	☐ Not H	nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	per of ind	uced termin	nations 0			
Dates of termination 1. 07/01/2010	s (Do	not include this termin	*	han six (6)		ost recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	ation(s) of Pregnanc	cy Termination		
☐ Yes ■ I	No						ne Perforation						
								Пі	Hemorrhage	e \square Cervi	cal Laceration		
Fetus viable?	NT _	If viable, medical	reason for term	nination:					C	_	ned Products		
☐ Yes ■ I	NO								nfection		ned Products		
									Other (Spec	ify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No					Did this termination of pregnancy result in a mater							
								☐ Ye	s 🔳 No)			
				Туре	of Termi	nation Procedu	ires						
Procedure that Term	inated	Pregnancy				Additional F	rocedure	e that Ter	minated Pr	egnancy			
Medical (Nonsu	ırgica) Mifepristone				☐ Medica	l (Nonsu	ırgical) N	//////////////////////////////////////	e			
Medical (Nonsu	ırgica) Misoprostol				☐ Medica	l (Nonsu	rgical) N	/lisoprostol				
Medical (Nonsu	ırgıca) Other (Specify)				Medica	I (Nonsu	irgical) (Other (Speci	(TY)			
		uction Curettage				Medica	l (Surgic	al) Sucti	on Curettag	ge			
☐ Medical (Surgio		Ienstrual Aspiration ther (Specify)							strual Aspir r (Specify)	ration			
													
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
	le or h	ave a post fertilization	age at least 20	weeks?			tus viabl Yes [a post ferti	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, comp	lete the following	ng questio	ons.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given	n the l	est opportunity to surv	rive?			Was the fe	tus givei	n the best	opportunit	y to survive?			
☐ Yes [Yes ['				
		etermination that the pr									man had a condition		
that required the pi woman?	ocedu	re to avert death or ser	ious impairmer	it to the pr	egnant	that require woman?	ed the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant		
Data last var.				Di		a of a	Gas on 1	a)	DC	wiliantic Cd	fotos (int.)		
Date last normal men		egan 2/21/2015		rnysicia	an estimat	e of gestation (ın week:	s <i>)</i>	Post Iei	rtilization age of the 6	icius (in weeks)		
How were the gestat	age and post fertilization	n age determin	ied?										
ULTRASOUND													
Full name of physici DR. MICHAEL KING	G Î												
	-	orming termination (number of the order of t			te, and \overline{zip}	code)							
- COOK GETON	VIN I	CAD, INDIANAFOPI	_;O, IIN 40200										
**D + B	F-0	C 'CD :	4.										
**Date Reported t	o DC	S, if Patient under 1-	4 (month, day,	year):						_			

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	City or t	City or town, of pregnancy termination County of LAFAYETTE				County of pregn	•	ermination ANOE				
D			D. C		• .•	T = -						
Patient's age** 41	Marri	ed Yes I No	Date of pregr	02/16/20		Edu	cation			nelor's Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American		nknown		y anic or Latino Hispanic or Latino		Unknown
Live Births:	N	Number now living	1					ber now d	eceased	0		
Other Termination	s: N	Number of spontaneou	us terminations				Num	ber of ind	uced termi			
Dates of termination 1. 10/13/2015		ot include this termin				ost recent.)		5		6		
Fetus delivered alive	?	If yes, length of ti	me fetus surviv	/ed:					Complie	cation(s) of Pregna	ıncy T	ermination
Yes I	No					■ None ☐ Uterine Perforation						erforation
								ı	Hemorrhag	e 🗌 Cei	rvical l	Laceration
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:					nfection	_		Products
	110									_	anicu	Troducts
D.1.1.1.1.		76 1						(Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										sult in	a maternal death?
								☐ Ye	s 🔳 N	0		
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprosto			
Medical (Nonsu									Other (Spec			
Medical (Surgio	cal) Suc	ction Curettage				☐ Medic	al (Surgi	cal) Sucti	on Curetta	ge		
☐ Medical (Surgio		nstrual Aspiration							strual Aspi r (Specify)	ration		
- Wedlear (Surgio	our) Ou	ici (specijy)				Wiedle	ai (Baigi	car) Ouic	г (вресцу)			
For Medical (Surgice	al) proc	edures, answer the fo	llowing questic			For Medica	d (Surgi	eal) proced	lurae aneu	ver the following a		n
						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le or hav	ve a post fertilization	age at least 20	weeks?			Yes		a post fer	tilization age at lea	ist 20 v	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questio	ons.	If the previ	ous ques	tion was a	nswered y	es, complete the fo	ollowir	ng questions.
	n the be	st opportunity to surv	vive?					en the best	opportuni	ty to survive?		
What was the basis	s for det	ermination that the p	regnant woman	n had a con	ndition	What was	s the basi	s for deter	mination t	hat the pregnant w	oman	had a condition
that required the programmer woman?	rocedure	e to avert death or ser	ious impairme	nt to the pr	egnant					ath or serious impa		
woman:						woman:						
D. L.	-			Di · ·		· · ·					1 6	
Date last normal me	-	gan /03/2016		Physicia	an estimate	e of gestatior 6	ı (ın weel	KS)	Post fe	ertilization age of t	he fetu 4	is (in weeks)
How were the gestat	ge and post fertilization											
ULTRASOUND												
Full name of physici DR. MICHAEL KING	G	_										
Address of physician 8950 GEORGETON	•	ming termination (nu DAD, INDIANAPOPI		•	te, and zip	code)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):								

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Patient's agent's Mainton's Mainton's	Facility Name and Address PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	IS FINDIANA (LAFAYETTE) - 964 MEZZANINI	E DRIVE, City or	town, of pregna LAFA	ncy termination	on	County of pregnancy termination TIPPECANOE		
### Rece Autorian Bullatin or Alaba Native Asian Black or African American Bla	Datient's age**	Data of a	anay tarmination	Educat	tion				
Annotesian Indiana or Alaska Native Watin Other Other Indianase In	41	nica _	•	Educal	поп		<u>'</u>		
Complexitions Complex Complexitions Co	☐ American Indiana or A☐ Native Hawaiian or Otl	her Pacific Islander White	=	can American		☐ Hisp n ■ Not	anic or Latino		
Descriptions Description	Live Births:	3							
Type of Termination Procedures None Userine Perforation Persuate Vernitation Procedures Pathological examination If yes, results:	Other Terminations:	Number of spontaneous terminations 1							
None Cterine Perforation Hemorrhage Cervical Laceration Hemorrhage Cervical Laceration Hemorrhage Cervical Laceration Hemorrhage Cervical Laceration Infaction Retained Products Other (Specify) Pathological examination If yes, results: Did this termination of pregnancy result in a maternal death? Yes No No No No No No No N	,	v	han six (6), those m	those most recent.) 4 5 6					
Series viables		If yes, length of time fetus surviv	ed:			Compli	cation(s) of Pregnancy Termination		
Fetus visable? If visable, medical reason for termination: Infection Retained Products Other (Specify) Publisher and products Other (Specify) Publisher and products Other (Specify) Publisher and products Other (Specify) Procedure that Terminated Prognancy Additional Procedure that Terminated Prognancy Additional Procedure that Terminated Prognancy Additional Procedure that Terminated Prognancy Medical (Nonsargical) Miferprisone Medical (Nonsargical) Miferprisone Medical (Nonsargical) Misoprostol Medical (Nonsargical) Misoprostol Medical (Nonsargical) Other (Specify) Medical (Surgical) Socion Curetage Medical (Surgical) Other (Specify) Medical (Surgical) Other (S	☐ Yes ■ No					None	☐ Uterine Perforation		
Publodegical examination performed? Other (Speedje)						Hemorrhag	ge Cervical Laceration		
Pathological examination Procedures Pathological examination Procedures Procedure that Terminated Pregnancy Procedure (Nonsurgical) Misingeristic Medical (Nonsurgical) Memorinal Aspiration Medical (Nonsurgical) Memorinal Aspiration Medical (Nonsurgical) Memorinal Aspiration Medical (Nonsurgical) Memorinal Aspiration Memorinal Aspiration Medical (Nonsurgical) Memorinal Aspiration Memor		If viable, medical reason for term	ination:			Infection	Retained Products		
Pathological examination Yes							_		
Did this termination of pregnancy result in a maternal death?	Pathological evamination	If yes results:				Oniei (spe	сцу)		
Type of Termination Procedures Additional Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Meastrual Aspiration Medical (Surgical) Meastrual Aspiration	performed?	11 300, 1000110.							
Type of Termination Procedures	∐ Yes ■ No								
Procedure that Terminated Pregnancy Medical (Nonsurgical) Misprostone Medical (Nonsurgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstraal Aspiration Medical (Surgical) Menstraal Aspiration Medical (Surgical) Menstraal Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 12/17/2015 Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) ULTRASOUND Date Michael (Surgical) Suction Curettage Medical (Surgical) Other (Specify) What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 12/17/2015 Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)		•			, —	_ _ _			
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstral Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Menstral Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Menstral Aspiration Medical (Surgical) Procedures, answer the following question. Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Yes No Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Yes No No Was the fetus given the best opportunity to survive? Yes No No Was the fetus given the best opportunity to survive? Yes No No Was the fetus given the best opportunity to survive? Yes No No Yes No Yes No No Yes No Yes No Yes No Yes No No Yes Yes No No Yes Yes No Yes Yes No Yes Yes No Yes Yes			Type of Term	ination Procedur	res				
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Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Medical (S	Medical (Nonsurgical	l) Mifepristone		☐ Medical	(Nonsurgical)	Mifepristor	ne		
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Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)									
Medical (Surgical) Other (Specify)									
Was the fetus viable or have a post fertilization age at least 20 weeks? Yes	Medical (Surgical) O	Other (Specify)		☐ Medical	(Surgical) Ot	her (Specify)			
Was the fetus viable or have a post fertilization age at least 20 weeks? Yes									
Yes No Yes Yes No Yes No Yes Yes No Yes Yes No Yes No Yes Yes No Yes No Yes Yes Yes No Yes Yes Yes No Yes Yes Yes No Yes Yes Yes Yes No Yes	For Medical (Surgical) pro	ocedures, answer the following question	on.	For Medical (Surgical) pro	cedures, ansv	ver the following question.		
Was the fetus given the best opportunity to survive? What was the basis for determinant that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? What was the basis for determinant that the pregnant woman? What was the basis for determinant that the pregnant woman? What was the basis for determinant that the pregnant woman? What was the basis for determinant that the pregnant woman? What was the basis for determinant that the pregnant woman? What was the basis for determinant that the pregnant woman? What was the basis for determinant that the pregnant woman? What was the basis for determinant that the pregnant woman? What was the basis for determinant that the		1	weeks?			ave a post fer	tilization age at least 20 weeks?		
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 12/17/2015 Physician estimate of gestation (in weeks) 12/17/2015 Post fertilization age of the fetus (in weeks) 12/17/2015 Post fertilization age of the fetus (in weeks) 7 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. MICHAEL KING Address of physician performing termination (number and street, city, state, and zip code) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268	If the previous question wa	as answered yes, complete the following	ng questions.	If the previou	s question wa	s answered y	es, complete the following questions.		
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 12/17/2015 Physician estimate of gestation (in weeks) 9 Post fertilization age of the fetus (in weeks) 7 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. MICHAEL KING Address of physician performing termination (number and street, city, state, and zip code) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268						est opportuni	ty to survive?		
that required the procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The procedure to avert death or serious impairment to the pregnant woman? The pro	What was the basis for d	etermination that the pregnant woman		What was th	ne basis for de				
Date last normal menses began 12/17/2015 Physician estimate of gestation (in weeks) 7 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. MICHAEL KING Address of physician performing termination (number and street, city, state, and zip code) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268	that required the procedu			that required					
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. MICHAEL KING Address of physician performing termination (number and street, city, state, and zip code) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268	· · · · · · · · · · · · · · · · · · ·								
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. MICHAEL KING Address of physician performing termination (number and street, city, state, and zip code) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268									
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. MICHAEL KING Address of physician performing termination (number and street, city, state, and zip code) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268	Date last normal menses h	pegan	Physician estimat	te of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
Full name of physician performing termination DR. MICHAEL KING Address of physician performing termination (number and street, city, state, and zip code) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268	1	2/17/2015		-		2 050 10			
Full name of physician performing termination DR. MICHAEL KING Address of physician performing termination (number and street, city, state, and zip code) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268	_	age and post fertilization age determin	ed?						
DR. MICHAEL KING Address of physician performing termination (number and street, city, state, and zip code) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268	OLIKASOUND								
DR. MICHAEL KING Address of physician performing termination (number and street, city, state, and zip code) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268	Full name of physician per	rforming termination							
8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268	DR. MICHAEL KING			7.					
	1 , 1	,	, city, state, and zip	o coae)					
**Data Papartad to DCS if Patient under 14 (month, day year);									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addi PLANNED PARENTHOOD LAFAYETTE, IN, 47905		DIANA (LAFAYETTE) -	964 MEZZANINE	City or	town, of pregna	ncy terr			County of pregnancy termination TIPPECANOE	
LAFATETTE, IN, 4/905					_, ,,			ļ	······································	
Patient's age** M	Iarrie	d Yes No		ancy termination 2/16/2016	Educa	tion	ŀ	High Scho	ool Diploma or GED	
Race American Indiana or Native Hawaiian or			☐ Asian ☐ White	■ Black or Afri □ Other	can American	☐ Un	known		nic or Latino Hispanic or Latino	
Live Births:	Nι	umber now living	0			Numb	er now d	eceased	0	
Other Terminations:		umber of spontaneou	s terminations 0			Numb	er of ind	uced termin		
Dates of terminations (I		t include this termind					5.		6.	
Fetus delivered alive? Yes No		If yes, length of tir					1	•	cation(s) of Pregnancy Termination Uterine Perforation	
Fetus viable? Yes No		If viable, medical i	reason for termi	nation:			□ I	Hemorrhago Infection Other (Spec	☐ Retained Products	
Pathological examination performed? Yes No Did this termination of pregnancy result in Did this termination of Did this termination of Did this terminati										
		<u> </u>					☐ Yes	s 🔳 No	0	
				Type of Term	ination Procedu	res				
Procedure that Termina	ted Pr	regnancy			Additional P	rocedure	that Ter	minated Pr	regnancy	
■ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) □ Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Men	strual Aspiration				(Surgic	al) Mens	on Curetta strual Aspin r (Specify)	ge ration	
For Medical (Surgical)	proce	dures, answer the fol	lowing question	1.	For Medical	(Surgica	ıl) proced	lures, answ	er the following question.	
Was the fetus viable o ☐ Yes ☐		e a post fertilization	age at least 20 v	veeks?		us viabl Yes [a post fert	ilization age at least 20 weeks?	
If the previous question	was a	answered yes, compl	ete the followin	g questions.	If the previou	ıs questi	on was a	nswered ye	es, complete the following questions.	
Was the fetus given th ☐ Yes ☐ ☐		t opportunity to surv	ive?			us giver Yes [opportunit	ry to survive?	
What was the basis fo that required the processions?									hat the pregnant woman had a condition ath or serious impairment to the pregnant	
Date last normal menses	_	nn 15/2015		Physician estima	te of gestation (in weeks	;) 	Post fe	rtilization age of the fetus (in weeks)	
How were the gestation	al age	and post fertilization	n age determine	d?						
ULTRASOUND										
Full name of physician DR. MICHAEL KING										
Address of physician pe 8950 GEORGETOWN		-		city, state, and zi	o code)					
**Date Reported to I	OCS.	if Patient under 14	(month. day y	ear):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905						City or town, of pregnancy termination LAFAYETTE County of pregnancy term TIPPECANO					•	
Patient's age**		. ,	Date of pregn	ancy term	ination	Eduz	ation					
Patient's age** 28	Maı	ried □ Yes ■ No		o2/16/201		Educ	atiOII		Asso	ociate Degree		
Race American Indiana Native Hawaiian			Asian White	☐ Blacl		an American	Uı	nknown	Ethnicity Hispa Not H	anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Num	ber now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Num	ber of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin		han six (6)), those m	ost recent.)						
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:				cation(s) of Pregnanc	y Termination			
res 💷 r	NO					■ None ☐ Uterine Perforation						
F : 11.0		70 : 11 1: 1	· ·	• .•				- I	Hemorrhag	e 🗌 Cervi	cal Laceration	
Fetus viable? Yes 1	No	If viable, medical	reason for term	iination:					nfection	☐ Retair	ned Products	
										_		
D-4h-1i1i-	_4:	If14						- ' '	Other (Spec	ugy)		
Pathological examination performed?	ation	If yes, results:										
☐ Yes ■	No										It in a maternal death?	
								☐ Yes	s 🔳 No	0		
				Туре	of Termi	nation Proced	ures					
Procedure that Term	inated	l Pregnancy				Additional	Procedur	e that Ter	minated Pr	regnancy		
Medical (Nonsu	ırgica	l) Mifepristone				☐ Medica	l (Nonsı	urgical) N	//Iifepriston	e		
Medical (Nonsu		l) Misoprostol l) Other (Specify)							Misoprostol Other (Spec			
	irgica	i) Other (specify)				Wiedles	1 (1 (0113)	urgicur) C	other (Spee)	99)		
		uction Curettage Ienstrual Aspiration				Medica Medica	l (Surgi	cal) Sucti	on Curetta strual Aspir	ge ration		
Medical (Surgic						☐ Medica	l (Surgio	cal) Other	r (Specify)	ration		
For Madical (Surgice	1)	ocedures, answer the fo	llarrina avastia			For Medica	(Cumai a		lumas amarri	you the fellowing ave	ntion.	
						For Medical (Surgical) procedures, answer the following question.						
	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the pravious quest	ion w	as answered yes, compl	lata tha fallowi	na auastia	nc	If the provide	ue quest	tion was a	navored va	es, complete the follo	vying questions	
				ng questio	118.		_		-	_	wing questions.	
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				tus give Yes [opportunit	y to survive?		
			oanart	had a	dition		_		minati 1	hat the pregnant won	on had a sandiri	
		etermination that the part of avert death or serior								nat the pregnant won hth or serious impairr		
woman?						woman?						
						I .						
Date last normal mer		-		Physicia	n estimat	e of gestation	(in week	is)	Post fe	rtilization age of the	fetus (in weeks)	
II	2/25/2015	- 10		8				6				
How were the gestat: ULTRASOUND	age and post fertilization	n age determin	ea?									
Full name of physici	an ne	rforming termination										
DR. MICHAEL KING	-	norming termination										
	-	orming termination (num			e, and zip	code)						
8950 GEORGETO\	WN F	OAD, INDIANAPOPI	_IS, IN 46268									
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and Addres PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZANINI	E DRIVE, City or	town, of pregna LAFA	ncy termination YETTE	County of pregnancy termination TIPPECANOE					
Patient's age** Mar		ancy termination	Educat	ion	Some Co	llege, No Degree				
Race American Indiana or A Native Hawaiian or O	Alaska Native Asian	Black or Afric	can American	Unknown Number now	Ethnicity Hispa Not H	nic or Latino lispanic or Latino Unknown				
Live Births:	0 Number of spontaneous terminations				0 fumber of induced terminations					
Other Terminations:	0	hi (6) -1		rumoer of file	accu terrilli	0				
Dates of terminations (Do	not include this termination. If more the	nan sıx (0), those m	ost recent.)	5.		6				
Fetus delivered alive? Yes No	If yes, length of time fetus survivo	ed:			Complica None Hemorrhage	ation(s) of Pregnancy Termination Uterine Perforation Cervical Laceration				
Fetus viable? Yes No	If viable, medical reason for term	ination:			☐ Infection ☐ Retained Products ☐ Other (Specify)					
Pathological examination performed? ☐ Yes ■ No	If yes, results:									
		Tyme of T-	ination Dec J	7						
	1.0	Type of Term	ination Procedur							
Procedure that Terminated	•		_	ocedure that Te						
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	l) Misoprostol									
Medical (Surgical) S Medical (Surgical) Medical (Surgical) C	Menstrual Aspiration									
For Medical (Surgical) pro	ocedures, answer the following questio	n.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or l	have a post fertilization age at least 20 o	weeks?		is viable or have Yes No	e a post ferti	lization age at least 20 weeks?				
If the previous question w	vas answered yes, complete the following	ng questions.	If the previou	s question was a	answered ye	s, complete the following questions.				
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?			is given the bes	t opportunity	y to survive?				
	determination that the pregnant woman ure to avert death or serious impairmen		What was th	ne basis for dete		nat the pregnant woman had a condition th or serious impairment to the pregnant				
	12/18/2015	Physician estimat	te of gestation (in	n weeks)	Post fer	tilization age of the fetus (in weeks)				
How were the gestational ULTRASOUND	age and post fertilization age determine	ed?								
021101000110										
Full name of physician pe DR. MICHAEL KING										
1 7 1	forming termination (number and street ROAD, INDIANAPOPLIS, IN 46268	t, city, state, and zip	o code)							
**Data Parantal to DO	CS if Patient under 14 (month day)									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905					City or t	y or town, of pregnancy termination LAFAYETTE				County of pregnancy termination TIPPECANOE			
Patient's age**		. ,	Date of pregn	ancy term	ination	Educ	ation						
31	Mar	ried □ Yes ■ No		ancy term 02/16/201		Educ	atiOII		Asso	ociate Degree			
Race American Indiana Native Hawaiian			Asian White	☐ Blacl		an American		nknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	4				Num	Number now deceased 0					
Other Termination	s:	Number of spontaneou	is terminations				Num	umber of induced terminations					
Dates of termination 1. 11/01/2015	s (Do	not include this termin	ation. If more to	han six (6)		ost recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnand	cy Termination		
☐ Yes ■ 1					■ None ☐ Uterine Perforation								
				☐ Hemorrhage ☐ Cervical Laceration									
Fetus viable? Yes 1	No.	If viable, medical	reason for term	ination:					nfection	— □ Patai	ned Products		
ies i	NO							_			ned Floducts		
								_	Other (Spec	cify)			
Pathological examination performed?	ation	If yes, results:											
☐ Yes ■	No									on of pregnancy resu	alt in a maternal death?		
						☐ Yes ■ No							
											1		
				Туре	of Termi	nation Proced	ıres						
Procedure that Term	inated	Pregnancy				Additional I	rocedui	re that Ter	minated Pr	regnancy			
Medical (Nonsu	rgica) Mifepristone				☐ Medica	l (Nonsi	urgical) M	//////////////////////////////////////	e			
Medical (Nonsu	rgica) Misoprostol					l (Nonsi	urgical) M	/lisoprostol				
☐ Medical (Nonsu	rgica) Other (Specify)				Medica	I (Nonsi	urgical) C	Other (Spec	ify)			
Medical (Surgio						☐ Medica	l (Surgi	cal) Sucti	on Curetta	ge .			
☐ Medical (Surgio		Ienstrual Aspiration other (Specify)						cal) Mens	strual Aspir r (Specify)	ration			
						For Medical (Cyraical) procedures around the following question							
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	n.		For Medical (Surgical) procedures, answer the following question.							
	le or h	ave a post fertilization	age at least 20	weeks?			tus viab Yes [a post fert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	lete the following	ng questio	ns.	If the previo	us ques	tion was a	nswered ye	es, complete the follo	owing questions.		
		pest opportunity to surv	rive?				٠.		opportunit	y to survive?			
☐ Yes ☐	」 No						Yes [∐ No					
		etermination that the parties to avert death or serious								hat the pregnant wor	man had a condition ment to the pregnant		
woman?	oceui	ire to avert death of ser	ious impairmen	it to the pr	egnant	woman?	ed the p	nocedure i	o avert dea	itii oi serious iiipaii	ment to the pregnant		
Date last normal mer	ises h	egan		Physicia	n estimat	e of gestation	in wool	ks)	Post for	rtilization age of the	fetus (in weeks)		
_acc acc normal file		2/27/2015		1.1751010	cominu	7	neen	/	1 050 10.	5	-1340 (Ut Weeks)		
	ional	age and post fertilization	n age determin	ed?					•				
ULTRASOUND													
Full name of physici DR. MICHAEL KING	•	forming termination											
	-	orming termination (num		t, city, stat	e, and zip	code)							
8950 GEORGETON	WN R	OAD, INDIANAPOPI	_IS, IN 46268										
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add	dress	·		City	or town, of pregr	ancy terr	nination		County of pregnancy termination		
PLANNÉD PARENTHOOD LAFAYETTE, IN, 47905	OF IN	DIANA (LAFAYETTE) -	964 MEZZANIN	E DRIVE,		AYETTE			TIPPECANOE		
Patient's age**	Marrie	d	Date of preor	nancy termination	Educ	ation					
28		Yes No		02/16/2016	Zade		H		ol Diploma or GED		
Race American Indiana	r Othe	r Pacific Islander	Asian White	☐ Black or Af	rican American		known	Not H	nic or Latino Iispanic or Latino		
Live Births:	N	umber now living	3				er now d		0		
Other Terminations:	N	umber of spontaneou	s terminations 0			Numb	er of indu	uced termin	nations 0		
Dates of terminations											
Fetus delivered alive?		If yes, length of tir			4		5	Complica	ation(s) of Pregnancy Termination		
☐ Yes ■ No	0				■ None ☐ Uterine Perforation						
							—	Hemorrhage	e		
Fetus viable? If viable, medical reason for termination: Yes No								nfection	Retained Products		
Yes No									_		
Pathological examinat	ion	If yes, results:					☐ Other (Specify)				
performed?											
Yes N	0						Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No				
								· · · ·			
				Type of Ter	mination Proced	ures					
Procedure that Termin	ated P	regnancy			Additional I	Procedure	that Terr	minated Pre	egnancy		
Medical (Nonsurg					☐ Medical (Nonsurgical) Mifepristone						
Medical (NonsurgMedical (Nonsurg	gical)	Misoprostol Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
	,	(1 33)				`	,	\ 1 J			
Medical (Surgical	1) Suc	tion Curettage			_	1 (Surgic	al) Sucti	on Curettag	TP		
Medical (Surgical Medical (Surgical	l) Mer	strual Aspiration			☐ Medica	1 (Surgica	al) Mens	strual Aspir			
Wedicar (Surgical	i) Oui	ы (эресцу)			☐ Medical (Surgical) Other (Specify)						
					-						
For Medical (Surgical)	_				For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable Yes		e a post fertilization a	age at least 20	weeks?		tus viable Yes		a post ferti	ilization age at least 20 weeks?		
If the previous questio	n was	answered yes, comple	ete the followi	ng questions.	If the previo	us questi	on was a	nswered ye	es, complete the following questions.		
Was the fetus given t		t opportunity to survi	ve?			tus given Yes		opportunity	y to survive?		
		ermination that the pr	eonant women	had a condition			_	mination th	nat the pregnant woman had a condition		
that required the pro-		to avert death or seri			that requir	ed the pro	ocedure t	o avert deat	th or serious impairment to the pregnant		
woman?					woman?						
Date last normal mens	ac hac	on		Dhysician acti-	nate of gestation	(in	.)	Post for	rtilization age of the fetus (in weeks)		
Date last normal mens	_	an 19/2015		1 nysician estin	8			rost ier	6		
How were the gestatio	nal ago	e and post fertilization	n age determin	ned?				<u> </u>			
OLINAGOUND											
Full name of physician	n perfo	rming termination									
DR. MICHAEL KING		ain a tampination (acce	uh an an I atno	4 aitu atata an I	-in anda)						
Address of physician page 8950 GEORGETOW		-			zıp coae)						
**Date Reported to	DCS	if Patient under 14	(month. day	vear):							

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Facility Name and Address PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZANIN	NE DRIVE, City or	town, of pregna LAFA	ncy termination	County of pregnancy termination TIPPECANOE					
Patient's acc**	D-4f -	nanay tanninati	T7.3	tion						
Patient's age** 24 Race	inca _	nancy termination 02/16/2016	Educat	поп	High Scho	ool Diploma or GED				
American Indiana or A Native Hawaiian or O	ther Pacific Islander White	■ Black or Afric	can American	Unknown	■ Hisp □ Not	y vanic or Latino Hispanic or Latino				
Live Births:	Number now living 1			Number nov	deceased	0				
Other Terminations:	Number of spontaneous terminations 0	3		Number of i	nduced term	inations 0				
Dates of terminations (Do	not include this termination. If more	than six (6), those m	nost recent.)							
Fetus delivered alive?	2 3 If yes, length of time fetus surviv	wad:	4	5.	Compli	cation(s) of Pregnancy Termination				
Yes No	if yes, length of time fetus survi-	vcu.			_	☐ Uterine Perforation				
	_									
Fetus viable?	If viable, medical reason for term	nination:			Hemorrhag	_				
☐ Yes ■ No					Infection	Retained Products				
					Other (Spe	cify)				
Pathological examination performed?										
☐ Yes ■ No				Did t		on of pregnancy result in a maternal death?				
				<u> U </u>	ics E iv					
		Type of Term	ination Procedur	es						
Procedure that Terminated	d Pregnancy	V ₁ = 0.1 Zeriii.	Additional Pr		erminated P	regnancy				
Medical (Nonsurgica)			_							
Medical (Nonsurgical	d) Misoprostol									
☐ Medical (Nonsurgica	ii) Other (<i>Specify</i>)		Medical	(Nonsurgical)	Otner (Spec	city)				
☐ Medical (Surgical) S☐ Medical (Surgical) M				(Surgical) Su (Surgical) Mo						
Medical (Surgical)			Medical (Surgical) Other (Specify)							
For Medical (Surgical) pro	ocedures, answer the following question	on.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or l ☐ Yes ☐ No	have a post fertilization age at least 20 o	weeks?		us viable or ha	ve a post fer	tilization age at least 20 weeks?				
If the previous question w	vas answered yes, complete the follow	ing questions.	If the previou	s question was	s answered y	res, complete the following questions.				
	best opportunity to survive?				est opportuni	ity to survive?				
Yes No	o determination that the pregnant woman	n had a condition		les □ No	termination (that the pregnant woman had a condition				
that required the procedu	ure to avert death or serious impairme		that required			ath or serious impairment to the pregnant				
woman?			woman?							
Data last normal mana - 1	2000n	Dhysiaian astir	ta of gostation (n waaka)	Dogt f.	artilization aga of the fetus (in weeks)				
Date last normal menses b	oegan JNKNOWN	Physician estimat	te of gestation (<i>i</i>	n weeks)	Post fe	ertilization age of the fetus (in weeks) 4				
=	age and post fertilization age determine	ned?								
ULTRASOUND										
Full name of physician pe	erforming termination									
DR. MICHAEL KING										
	Forming termination (number and stree ROAD, INDIANAPOPLIS, IN 46268		o code)							
**Data Papartad to DO	CS if Potiont under 14 (month day	maanle								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905					City or	ty or town, of pregnancy termination LAFAYETTE				County of pregnancy termination TIPPECANOE			
Patient's age**		. ,	Date of pregn	ancy term	ination	Educ	ation						
Patient's age** 27	Mar	ried ■ Yes 🔲 No		iancy term 02/16/201		Eddo	auull		Asso	ociate Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American		Jnknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Num	nber now d	eceased	0			
Other Termination	s:	Number of spontaneou					Num	Number of induced terminations 2					
Dates of termination 1. 04/07/2014	s (Do	not include this termin		han six (6)), those m	ost recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:			y Termination						
☐ Yes ■ I	No					■ None ☐ Uterine Perforation							
							_	Hemorrhag	e 🔲 Cervi	cal Laceration			
Fetus viable? Yes I	ination:												
ies i	NO										led Floducts		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No										lt in a maternal death?		
						☐ Yes ■ No							
											1		
				Туре	of Termi	nation Proced	ures						
Procedure that Term	inated	Pregnancy				Additional	Procedu	re that Ter	minated Pr	regnancy			
■ Medical (Nonsu	ırgica) Mifepristone				☐ Medica	al (Nons	surgical) M	/lifepriston	e			
Medical (Nonsu	ırgica) Misoprostol				☐ Medica	al (Nons	surgical) M	1isoprostol				
Medical (Nonsu	ırgıca) Other (Specify)				☐ Medical (Nonsurgical) Other (Specify)							
		uction Curettage						ical) Sucti					
☐ Medical (Surgio		Ienstrual Aspiration ther (Specify)						ical) Mens ical) Other		ration			
_													
	1)					For Medical (Surgical) procedures answer the following question							
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
	le or h	ave a post fertilization	age at least 20	weeks?				ble or have	a post fert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questio	ns.	If the previo	ous ques	stion was a	nswered ye	es, complete the follo	owing questions.		
		pest opportunity to surv	ive?				_	_	opportunit	y to survive?			
☐ Yes [_l No						Yes	☐ No					
		etermination that the property to avert death or serious								hat the pregnant won th or serious impairs			
woman?	oceat	ire to avert death or ser	ious impairmei	it to the pr	egnant	woman?	ed tile p	procedure t	o avert dea	un or serious impairi	nent to the pregnant		
Date last normal men	ncec h	egan		Physicia	n estimat	e of gestation	(in was	oks)	Post for	rtilization age of the	fetus (in waaks)		
Dute fast normal iller		2/17/2015		1 mysicia	cominat	e or gestation	, iii weei)	1 051 10.	6	ious (in weeks)		
=	ional	age and post fertilization	n age determin	ed?									
ULTRASOUND													
Full name of physici DR. MICHAEL KING	-	forming termination											
	-	orming termination (num			e, and zip	code)							
8950 GEORGETO\	NN R	OAD, INDIANAPOPI	IS, IN 46268										
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_			

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	City or	y or town, of pregnancy termination LAFAYETTE				County of pregnancy termination TIPPECANOE								
Davie 12 mm I		Т	Def. C			1								
Patient's age** 21 Race	Mar	ried Yes I No	Date of pregr	02/16/201		Edu	ıcati	on		Some C	ollege, No	Degree		
Race ☐ American Indiana ☐ Native Hawaiian			☐ Asian ■ White	☐ Black		an Americar		☐ Unknowi		■ Hisp	/ anic or Lati Hispanic or			Unknown
Live Births:		Number now living	0					Number nov	w de	ceased	0			
Other Terminations	s:	Number of spontaneou	s terminations 0					Number of i	indu	ced termi	nations 1			
Dates of terminations 1. 07/23/2015	s (Do	not include this termino	ation. If more 1			ost recent.)		5	5			6.		
Fetus delivered alive		If yes, length of tin								Compli	cation(s) of	Pregnanc	y Term	ination
☐ Yes ■ N	No					■ None ☐ Uterine Perforation					oration			
Fetus viable?] H	emorrhag	е [☐ Cervi	cal Lac	eration				
Fetus viable? Yes No If viable, medical reason for termination:								☐ Infection ☐ Retained Products						ducts
									Ot	ther (Spe	cify)			
Pathological examina performed?	ation	If yes, results:												
performed? Yes No												ancy resu	lt in a n	naternal death?
									Yes	■ N	0			
				Type	of Termi	nation Proce	dure	es						
Procedure that Termi	inated	Pregnancy		71				cedure that	Term	ninated P	regnancy			
Medical (Nonsu														
Medical (Nonsu	ırgical) Misoprostol												
Medical (Nonsurgical) Other (Specify)							(-	- 19-19-19	,	(<i>></i> /	957			
Medical (Surgic	al) Si	uction Curettage				☐ Medio	cal (S	Surgical) Su	ıctio	n Curetta	ge			
	al) M	enstrual Aspiration				☐ Media	cal (S	Surgical) M Surgical) Or	enst	rual Aspi				
	,	· · · (-F · · 37)												
For Medical (Surgica	al) pro	cedures, answer the fol	lowing question	on.		For Medical (Surgical) procedures, answer the following question.								
		ave a post fertilization	age at least 20	weeks?				s viable or ha		a post fer	ilization ag	ge at least	20 week	ks?
☐ Yes ☐								es 🗌 No						
		as answered yes, compl		ng question	1S.			question wa		-	_		owing q	uestions.
	the b	est opportunity to surv	ive?					s given the b es \text{No}		pportuni	ty to surviv	e?		
		etermination that the pr						e basis for de						a condition the pregnant
woman?	oceau	re to avert death or sen	ous impairmei	nt to the pre	egnant	woman?		the procedu	re to	avert dea	un or serio	us impairi	nent to	the pregnant
						<u> </u>								
Date last normal mer		egan 2/21/2015		Physician	n estimat	e of gestation 8	n (in	weeks)	_	Post fe	rtilization a	age of the	fetus (i	n weeks)
_		age and post fertilization	n age determir	ned?						1				
ULTRASOUND														
Full name of physicia	Full name of physician performing termination													
DR. MICHAEL KING		orming termination (num	nher and stree	t city state	and sin	code)								
	-	OAD, INDIANAPOPL		-	e, ana zip	coue)								
**Date Reported to	o DC	S, if Patient under 14	4 (month, day,	year):							_			

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Facility Name and Ad PLANNED PARENTHOO LAFAYETTE, IN, 47905	City or t	or town, of pregnancy termination LAFAYETTE				County of pregnancy termination TIPPECANOE							
Patient's age** 21	Mar	ried No	Date of pregn	nancy termin 02/16/2016		Educa	ntion		Some Co	ollege, No Degree	9		
Race American Indiana Native Hawaiian o	or Otl	her Pacific Islander [Asian White	■ Black □ Other		an American		ıknown	Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numl	Number now deceased 0					
Other Terminations:	:	Number of spontaneou	s terminations 0				Numl	Number of induced terminations 0					
Dates of terminations	(Do	not include this termina	,	than six (6),	those mo	ost recent.)	•						
I		2	3	1		4		5	Complic	ation(s) of Pregnar	ncy Termination		
Fetus delivered alive? Yes N		If yes, length of tin	ne retus surviv	/ea:					None	_	·		
											rine Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:	Hemorrhage Cervical Laceration								
☐ Yes ■ N	o							I	nfection	Reta	nined Products		
									Other (Spec	rify)			
Pathological examination performed? If yes, results:													
Yes No Did this termination of pregnancy result in a maternal d										sult in a maternal death?			
☐ Yes ■ No													
											1		
				Туре	of Termin	nation Procedu	res						
Procedure that Termin	nated	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	egnancy			
Medical (Nonsur									//////////////////////////////////////				
Medical (NonsurMedical (Nonsur						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
	0	, (- <u>F</u> <u>33</u>)						8 /	(-1	<i>337</i>			
	1) 6						· ·	1) 0					
	al) M	Ienstrual Aspiration				☐ Medica	(Surgic	al) Mens	on Curettag strual Aspir				
☐ Medical (Surgica	al) O	ther (Specify)				☐ Medica	(Surgio	al) Other	r (Specify)				
For Medical (Surgical	l) pro	ocedures, answer the fol	lowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable	or h	ave a post fertilization a	age at least 20	weeks?		Was the fe	us viabl	le or have	a post fert	ilization age at leas	st 20 weeks?		
☐ Yes ☐] No	1					Yes [No					
If the previous question	on wa	as answered yes, comple	ete the followi	ng question	s.	If the previous	ıs quest	ion was a	nswered ye	es, complete the fol	lowing questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us givei Yes [opportunit	y to survive?			
						_	_						
		etermination that the pro- ire to avert death or seri-									oman had a condition rment to the pregnant		
woman?			-			woman?	•			-			
Date last normal mens		-		Physician	estimate	e of gestation (in week.	s)	Post fer	rtilization age of th	· · · · · · · · · · · · · · · · · · ·		
How were the gostatic		2/21/2015 age and post fertilization	age determin	ned?		8				6			
ULTRASOUND	onal i	a ₆ 0 ana post ierunzauoi	i age ueteiiiiii	iou:									
<u> </u>													
Full name of physicia DR. MICHAEL KING	_	forming termination											
	•	orming termination (num			, and zip	code)							
8950 GEORGETOW	/N R	OAD, INDIANAPOPL	IS, IN 46268										
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):									

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Patient's age** Mai	1 0	ancy termination	Educat	tion	Some Co	ollege, No Degree			
Race American Indiana or A Native Hawaiian or O	Maska Native ☐ Asian	Black or Afric	can American	Unknown Number now	Ethnicity Hispa Not H	0 , 0			
Live Births:	0			Number of in		0			
Other Terminations:	Number of spontaneous terminations 0			Number of in	duced termin	1			
Dates of terminations (<i>Do</i>	not include this termination. If more the 2.	han six (6), those m	ost recent.)	5.		6			
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus survivo	ed:			Complic None Hemorrhage	ation(s) of Pregnancy Termination Uterine Perforation Cervical Laceration			
Fetus viable? Yes No	If viable, medical reason for term	ination:			☐ Infection ☐ Retained Products ☐ Other (Specify)				
Pathological examination performed? Yes No	If yes, results:								
		Type of Termi	ination Procedur	res					
Procedure that Terminated	d Pregnancy	V		ocedure that Te	rminated Pr	regnancy			
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	Mifepristone Misoprostol		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) S Medical (Surgical) Medical (Surgical) Medical (Surgical) C	Menstrual Aspiration								
For Medical (Surgical) pro	ocedures, answer the following questio	n.	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or l ☐ Yes ■ No	nave a post fertilization age at least 20 to	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous question w	as answered yes, complete the following	ng questions.	If the previou	s question was	answered ye	es, complete the following questions.			
Was the fetus given the Yes No	best opportunity to survive?			us given the best Yes \(\sime\) No	st opportunit	y to survive?			
	letermination that the pregnant woman ure to avert death or serious impairmen					hat the pregnant woman had a condition th or serious impairment to the pregnant			
Date last normal menses b	pegan 01/12/2016	Physician estimat	te of gestation (in	n weeks)	Post fer	rtilization age of the fetus (in weeks) 6			
How were the gestational ULTRASOUND	age and post fertilization age determine	ed?							
Full name of physician pe	=								
Address of physician perfe	orming termination (number and street /E, INDIANAPOLIS, IN 46219	, city, state, and zip	o code)						
**Data Damantad t- DC	CS if Datient under 14 (worth day)								

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Facility Name and Address PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZANINI	E DRIVE, City or	town, of pregnar LAFA	ncy terminatior YETTE	County of pregnancy termination TIPPECANOE					
Patient's age** Mai	1 0	ancy termination	Educat	ion	Some Co	ollege, No Degree				
Race American Indiana or A Native Hawaiian or O	Alaska Native	Black or Afric	can American	Unknown Number now	Ethnicity Hispa Not H	<u> </u>				
Live Births:	1 Number of spontaneous terminations			Number of in-		0 nations				
Other Terminations:	0	han six (6) d	ant was and '	Transce of III		0				
1	o not include this termination. If more the	un six (0), those m	4	5.		6				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus survivo	ed:		•	None	ation(s) of Pregnancy Termination Uterine Perforation Cervical Laceration				
Fetus viable? ☐ Yes ■ No	If viable, medical reason for term	ination:								
Pathological examination performed? Yes No	If yes, results:	Did this termination of pregnancy result in a mater								
	l				es 🔳 No	,				
		Type of Termi	ination Procedur	res						
Procedure that Terminated	d Pregnancy	Type of Termin			rminated Pr	egnancy				
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	l) Mifepristone l) Misoprostol		Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) S Medical (Surgical) Medical (Surgical) C	Menstrual Aspiration									
For Medical (Surgical) pro	ocedures, answer the following question	n.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or l	have a post fertilization age at least 20 o	weeks?		ıs viable or hav ∕es ☐ No	e a post ferti	ilization age at least 20 weeks?				
If the previous question w	as answered yes, complete the following	ng questions.	If the previous	s question was	answered ye	es, complete the following questions.				
Was the fetus given the Yes No	best opportunity to survive?			is given the bes	st opportunit	y to survive?				
	determination that the pregnant woman ure to avert death or serious impairmen					nat the pregnant woman had a condition th or serious impairment to the pregnant				
	02/15/2015	Physician estimat	te of gestation (in	n weeks)	Post fer	rtilization age of the fetus (in weeks) 5				
How were the gestational ULTRASOUND	age and post fertilization age determin	ed?								
CLINAGOUND										
Full name of physician pe										
	forming termination (number and street ROAD, INDIANAPOPLIS, IN 46268	, city, state, and zip	o code)							
**Data Papartad to DV	CS if Patient under 14 (month, day)									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre PLANNED PARENTHOOD O LAFAYETTE, IN, 47905	ess F INDIANA (LAFAYETTE) - 964 MEZZAN	INE DRIVE, City or	town, of pregna	ncy termination	County of pregnancy termination TIPPECANOE					
24	arried Date of pre	gnancy termination 04/05/2016	Educa	tion		ool Diploma or GED				
Race American Indiana or Native Hawaiian or C	Other Pacific Islander White Number now living	Other	can American	Unknown Number now	☐ Not 1	anic or Latino Hispanic or Latino Unknown				
Other Terminations:	Number of spontaneous termination			Number of in	duced termi	0 inations				
	o not include this termination. If more)	ost recent.)			0				
1	2 3		4	5.		6				
Fetus delivered alive?	If yes, length of time fetus surv	ived:	Complication(s) of Pregnancy Term							
☐ Yes ■ No				•	None	☐ Uterine Perforation				
Fetus viable?	If viable, medical reason for ter	mination:			Hemorrhag	ge Cervical Laceration				
Yes No	ii viable, medicai reason for ter	mmation.			Infection	☐ Retained Products				
					Other (Spe	cify)				
Pathological examination If yes, results:										
performed? Yes No				Did this termination of pregnancy result in a maternal death?						
163 110				Yes No						
		Type of Term	ination Procedur	res						
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that To	erminated P	regnancy				
Medical (Nonsurgical)				(Nonsurgical)						
Medical (Nonsurgical Medical Medical (Nonsurgical Medical Medic			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)	Suction Curettage		☐ Medical	(Surgical) Suc	tion Curetts	nge				
	Menstrual Aspiration		☐ Medical	(Surgical) Me	nstrual Aspi	ration				
	Other (<i>spectly</i>)		☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical) p	rocedures, answer the following quest	tion	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or	have a post fertilization age at least 2		Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes N	No was answered yes, complete the follow	vina avastians		Yes No	om ovvomo d vo	es, complete the following questions.				
	be best opportunity to survive?	ving questions.		us given the be	·					
Yes N				Yes No	st opportuin	ty to survive:				
	determination that the pregnant woma					that the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?	dure to avert death of serious impairing	ent to the pregnant	woman?	a the procedure	to avert de	and of serious impairment to the pregnant				
			1							
Date last normal menses	began 02/07/2016	Physician estima	te of gestation (i	in weeks)	Post fe	ertilization age of the fetus (in weeks) 5				
=	l age and post fertilization age determ	ined?								
ULTRASOUND										
Full name of physician p	erforming termination									
Address of physician per	forming termination (number and stre		p code)							
0950 GEORGETOWN	ROAD, INDIANAPOPLIS, IN 4626									
**D-4- D	CS if Datiant under 14 (month day									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905					City or	or town, of pregnancy termination LAFAYETTE				County of pregnancy termination TIPPECANOE		
Patient's age**	1.7	uio d	Date of pregn	ancy term	ination	Educ	ation					
21	Mar	ried ☐ Yes ■ No		04/05/20		Educ	4€1 ⊘ 11	1	High Scho	ol Diploma or GE	D	
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Blac		an American		ıknown	Not I	nnic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	0				Numb	er now d	leceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations 1		
Dates of termination 1. 12/12/2013	s (Do	not include this termin 2. UNKNOWN	ation. If more to	han six (6), those m	ost recent.)		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnan	cy Termination	
☐ Yes ■ I	No					■ None ☐ Uterine Perforation						
							₁	Hemorrhag	e 🔲 Cerv	ical Laceration		
Fetus viable? Yes I	If viable, medical	reason for term	ination:					Infection	— □ Pata	ined Products		
l ies 🗐 i	NO									_	med Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did thi	s terminatio	on of pregnancy resi	alt in a maternal death?	
						☐ Yes ■ No						
											1	
				Туре	of Termi	nation Procedu	ires					
Procedure that Term	inated	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	egnancy		
										•		
Medical (NonsuMedical (Nonsu	ırgica) Misoprostol				☐ Medica	(Nonsu	rgical) N	Mifepriston Misoprostol			
☐ Medical (Nonsu	ırgica) Other (Specify)				☐ Medical (Nonsurgical) Other (Specify)						
— Medical (Surgio	al) S	uction Curettage				☐ Medica	(Surgic	al) Sucti	ion Curetta	ge		
☐ Medical (Surgio	al) N	Ienstrual Aspiration					(Surgic	al) Men	strual Aspii			
☐ Medical (Surgio	cai) C	tner (Specify)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing question	n.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable	le or l	ave a post fertilization	age at least 20	weeks?		Was the fe	tus viabl	le or have	e a post fert	ilization age at least	20 weeks?	
	No						Yes [_	F			
If the previous quest	ion w	as answered yes, comp	lete the following	ng questio	ns.	If the previo	us quest	ion was a	nswered ye	es, complete the foll	owing questions.	
Was the fetus give	n the l	pest opportunity to surv	rive?			Was the fe	nıs oive	n the hest	opportunit	ty to survive?		
Yes [Yes [- SPPORTUIN	., 10 04111101		
What was the basis	for d	etermination that the pr	regnant woman	had a con	dition	What was	he basis	for deter	rmination tl	hat the pregnant wo	man had a condition	
	ocedu	re to avert death or ser	ious impairmen	nt to the pr	regnant		ed the pr	ocedure t	to avert dea	th or serious impair	ment to the pregnant	
woman?						woman?						
						1						
Date last normal men		•		Physicia	an estimat	e of gestation (in week.	s)	Post fe	rtilization age of the	e fetus (in weeks)	
How were the gestat		1/25/2016 age and post fertilization	n age determin	ed?		8				6		
ULTRASOUND	ional	ube and bost tertilizalic	n age actermin	ou:								
Full name of physici	an ne	forming termination										
DR. MICHAEL KING	-											
	-	orming termination (nu			e, and zip	code)						
8950 GEORGETO\	/VN R	OAD, INDIANAPOPI	_IS, IN 46268									
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZANINI	E DRIVE, City or	town, of pregna LAFA	ncy terminati YETTE	County of pregnancy termination TIPPECANOE					
Patient's age** Mai	Data of progr	ancy termination	Educat	ion						
23 Mai	1 0	04/05/2016	Educal	.1011		ool Diploma or GED				
Race American Indiana or A Native Hawaiian or O	ther Pacific Islander White	☐ Black or Afric	can American	Unknow	n Not	y anic or Latino Hispanic or Latino				
Live Births:	Number now living 2					0				
Other Terminations:	Number of spontaneous terminations 0			Number of i	fumber of induced terminations 0					
Dates of terminations (Do	not include this termination. If more the 2.	han six (6), those m	nost recent.)							
Fetus delivered alive? Yes No	If yes, length of time fetus survivo	ed:	4		_	cation(s) of Pregnancy Termination Uterine Perforation				
Fetus viable? Yes No	If viable, medical reason for term	ination:			Hemorrhage Cervical Laceration Infection Retained Products					
Pathological examination performed?	If yes, results:	yes, results: Other (Specify)								
☐ Yes ■ No				Did		on of pregnancy result in a maternal death?				
										
		Type of Term	ination Procedur							
Procedure that Terminated	d Pregnancy		Additional Pr	ocedure that	Terminated P	regnancy				
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	l) Misoprostol									
Medical (Surgical) S Medical (Surgical) Medical (Surgical) C	Menstrual Aspiration									
For Medical (Surgical) pro	ocedures, answer the following question	n.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or h ☐ Yes ☐ No	nave a post fertilization age at least 20 o	weeks?		ıs viable or ha	ive a post fer	tilization age at least 20 weeks?				
If the previous question w	ras answered yes, complete the following	ng questions.	If the previou	s question wa	s answered y	res, complete the following questions.				
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?			is given the b	est opportuni	ity to survive?				
What was the basis for d	letermination that the pregnant woman ure to avert death or serious impairmen		What was th	ne basis for de		that the pregnant woman had a condition ath or serious impairment to the pregnant				
	02/14/2016	Physician estimat	te of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 5				
How were the gestational ULTRASOUND	age and post fertilization age determine	ed?								
CLINAGOUND										
Full name of physician pe DR. MICHAEL KING	rforming termination									
	orming termination (number and street ROAD, INDIANAPOPLIS, IN 46268	, city, state, and zip	p code)							
**Data Papartad to DO	CS if Dationt under 14 (month, day)									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZANINI	E DRIVE, City or	town, of pregna LAFA	ncy termination	1	County of pregnancy termination TIPPECANOE
Patient's age** Ma		ancy termination	Educat	ion	9th-12	eth, No Diploma
Race American Indiana or A Native Hawaiian or O	Alaska Native	Black or Afric	can American	Unknown Number now	Ethnicity Hispa Not H	· '
Live Births:	Number of spontaneous terminations			Number of in-	duced termin	0 nations
Other Terminations:	1	li (6) 4l		rumber of m	uucca terriiri	0
L. UNKNOWN	o not include this termination. If more the	nan six (0), inose m	4	5		6
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus survive	ed:		•	None	cation(s) of Pregnancy Termination Uterine Perforation
Fetus viable? Yes No	If viable, medical reason for term	ination:			Infection Other (Spec	Retained Products
Pathological examination performed?	If yes, results:					
☐ Yes ■ No				Did th		on of pregnancy result in a maternal death?
		Type of Termi	ination Procedur	res		
Procedure that Terminate	d Pregnancy		Additional Pr	ocedure that Te	rminated Pr	regnancy
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	al) Misoprostol		☐ Medical	(Nonsurgical) (Nonsurgical) (Nonsurgical)	Misoprostol	
Medical (Surgical) S Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			(Surgical) Suc (Surgical) Mer (Surgical) Oth	strual Aspir	
For Medical (Surgical) pr	rocedures, answer the following question	on.	For Medical (Surgical) proce	dures, answ	er the following question.
Was the fetus viable or Yes N	have a post fertilization age at least 20 to	weeks?		is viable or hav Yes \text{No}	e a post fert	ilization age at least 20 weeks?
If the previous question w	vas answered yes, complete the following	ng questions.	If the previou	s question was	answered ye	es, complete the following questions.
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			is given the bes	t opportunit	y to survive?
	determination that the pregnant woman ure to avert death or serious impairmen					hat the pregnant woman had a condition the or serious impairment to the pregnant
Date last normal menses	began 02/12/2016	Physician estimat	te of gestation (in	n weeks)	Post fer	rtilization age of the fetus (in weeks) 5
How were the gestational ULTRASOUND	age and post fertilization age determin	ed?				
Full name of physician pe DR. MICHAEL KING						
1 , 1	forming termination (number and street ROAD, INDIANAPOPLIS, IN 46268	t, city, state, and zip	o code)			
**Data Danartad to D	CS if Datient under 14 (month day)					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

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Facility Name and Address PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905		964 MEZZANINE DRIVE,	City or t	own, of pregna	ncy tern				gnancy termination IPPECANOE	
LAFATETTE, IN, 4/905			l					•		
Patient's age** Mai	rried	Date of pregnancy term 04/05/20		Educa	tion		Some Co	llege, No Deg	ree	
Race American Indiana or A Native Hawaiian or O		☐ Asian ☐ Blace ■ White ☐ Other		an American	☐ Unl	known		nic or Latino lispanic or Latir	no 🔲 Unknown	ı
Live Births:	Number now living	1			Numb	er now de	eceased	0		
Other Terminations:	Number of spontaneou	s terminations 0			Numb	er of indu	aced termin			
Dates of terminations (Do										
Fetus delivered alive? Yes No	If yes, length of tir			4		5	Vone	ation(s) of Preg	nancy Termination Iterine Perforation	-
Fetus viable? Yes No	If viable, medical r	eason for termination:				☐ Iı	Hemorrhage nfection Other (Spec	□ R	ervical Laceration	
Pathological examination performed? Yes No	If yes, results:					Did this			result in a maternal de	eath?
		Tyne	e of Termi	nation Procedu	res					
Procedure that Terminate	d Pregnancy	турс	- 0. TOIHH	Additional Pr		that Teri	minated Pro	egnancy		
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	al) Misoprostol			■ Medical	(Nonsui	rgical) M	lifepristone lisoprostol other (Speci			
Medical (Surgical) S Medical (Surgical) Medical (Surgical) Medical (Surgical) O	Menstrual Aspiration			☐ Medical	(Surgica	al) Mens	on Curettag trual Aspir (Specify)	ge ation		
For Medical (Surgical) pr	ocedures, answer the fol	lowing question.		For Medical (Surgica	l) proced	ures, answ	er the following	question.	
Was the fetus viable or l	have a post fertilization a	age at least 20 weeks?			us viable Yes 🗀		a post ferti	lization age at l	east 20 weeks?	
If the previous question w	vas answered yes, comple	ete the following question	ons.	If the previou	s questi	on was aı	nswered ye	s, complete the	following questions.	
Was the fetus given the ☐ Yes ☐ No	best opportunity to survi	ve?			us given Yes		opportunit	y to survive?		
	determination that the prure to avert death or seri								woman had a conditio pairment to the pregna	
Date last normal menses b	began 02/15/2016	Physicia	an estimato	e of gestation (i	n weeks)	Post fer	tilization age of	f the fetus (in weeks) 5	
How were the gestational		n age determined?								
ULTRASOUND										
Full name of physician pe DR. MICHAEL KING	erforming termination									
Address of physician perf 8950 GEORGETOWN F	-		te, and zip	code)						
**Date Reported to DO	CS if Patient under 1/	(month day year)								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/27/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHO LAFAYETTE, IN, 47905	OD OF	S INDIANA (LAFAYETTE) -	- 964 MEZZANIN	E DRIVE,	City or	town, of pregr LAF	ancy te			County of pregnan	cy termination ECANOE
	Т										
Patient's age** 34	Mar	ried Yes I No	Date of pregn	ancy term 04/25/20		Educ	ation	ŀ		ol Diploma or GEI)
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Blac ■ Othe		can American	□ U	Inknown		nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living						nber now d		0	
Other Termination	ıs:	Number of spontaneou	is terminations				Num	nber of ind	uced termin	nations	
		not include this termin	ation. If more to	han six (6		ost recent.)		5		2	
Fetus delivered alive	e?	If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■		22 / 12, 101.811						I	None	☐ Uterii	ne Perforation
									Hemorrhage	e \Box Cervi	cal Laceration
Fetus viable?	.,	If viable, medical	reason for term	ination:					Ü		
☐ Yes ■	No							L I	nfection	☐ Retain	ned Products
									Other (Spec	rify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No										lt in a maternal death?
								☐ Yes	s 🔳 No)	
				Туре	of Termi	nation Proced	ures				
Procedure that Term	inated	Pregnancy				Additional l	rocedu	re that Ter	minated Pr	regnancy	
Medical (Nonsu	ırgical) Mifepristone				☐ Medica	1 (Nons	surgical) N	//////////////////////////////////////	e	
Medical (Nonsu	ırgical) Misoprostol				☐ Medica	1 (Nons	surgical) N	/lisoprostol		
Medical (Nonst	ırgıcaı) Other (Specify)				☐ Medica	I (INONS	surgical) C	Other (Speci	ify)	
		uction Curettage							on Curettag		
☐ Medical (Surgional Description of the Medical (Surgional Control of the Medical (Surgional Control of the Medical Control of the		Ienstrual Aspiration ther (Specify)						ical) Mens ical) Othe	strual Aspir r (<i>Specif</i> y)	ration	
For Medical (Surgic	al) pro	ocedures, answer the fo	llowing question	on.		For Medical	(Surgio	cal) proced	lures, answ	er the following que	stion.
Was the fetus viab	le or h	ave a post fertilization	age at least 20	weeks?			_	_		ilization age at least	
☐ Yes [_					_	Yes	_			
If the previous quest	ion wa	as answered yes, comp	lete the following	ng questio	ons.	If the previo	us ques	stion was a	nswered ye	es, complete the follo	owing questions.
Was the fetus give ☐ Yes [pest opportunity to surv	vive?				tus give Yes		opportunit	y to survive?	
		etermination that the pr								hat the pregnant wor	
that required the property woman?	rocedu	re to avert death or ser	ious impairmen	it to the pr	regnant	that requir woman?	ea the p	procedure t	o avert dea	tn or serious impairi	ment to the pregnant
Detail :	1			Di			/: ·	1\	D · C		Fatara (in 1)
Date last normal me		egan 2/28/2016		Physicia	an estimat	te of gestation 6	ın weel	KS)	Post fe	rtilization age of the	ietus (<i>in weeks)</i>
How were the gestat		age and post fertilization	on age determin	ed?					1	·	
ULTRASOUND											
Full name of physici DR. JEFFREY D. G	SLAZE	ER .									
	-	orming termination (nu. E, INDIANAPOLIS, I		t, city, stat	te, and zip	o code)					
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/28/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

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Facility Name and Addres PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZANINI	E DRIVE, City or	town, of pregna LAFA	ncy termination YETTE		County of pregnancy termination TIPPECANOE
Patient's age** Mar	incu i c	ancy termination	Educat	tion	Some Co	ollege, No Degree
Race American Indiana or A Native Hawaiian or Or	Maska Native ☐ Asian	Black or Afric	can American	Unknown	Ethnicity Hispa Not H	<u> </u>
Live Births:	0			Number of inc		O
Other Terminations:	Number of spontaneous terminations 0			Number of file	iucea terriiri	0
Dates of terminations (Do	not include this termination. If more the 2. 3.	han six (6), those m	ost recent.)	5		6
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus survivo	ed:			None	ation(s) of Pregnancy Termination Uterine Perforation
Fetus viable? Yes No	If viable, medical reason for term	ination:			Hemorrhage Infection Other (Spec	Retained Products
Pathological examination performed? Yes No	If yes, results:			Did thi		on of pregnancy result in a maternal death?
		Type of Termi	ination Procedur	res		
Procedure that Terminated	d Pregnancy	• \$		ocedure that Te	rminated Pro	egnancy
 Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica 	Mifepristone Misoprostol		☐ Medical ☐ Medical	(Nonsurgical) I (Nonsurgical) I (Nonsurgical) (Mifepristone Misoprostol	
Medical (Surgical) S Medical (Surgical) Medical (Surgical) Medical (Surgical) C	Menstrual Aspiration			(Surgical) Suct (Surgical) Men (Surgical) Othe	strual Aspir	
For Medical (Surgical) pro	ocedures, answer the following question	n.	For Medical (Surgical) proce	dures, answe	er the following question.
Was the fetus viable or h ☐ Yes ☐ No	nave a post fertilization age at least 20 v	weeks?		us viable or have Yes No	e a post ferti	ilization age at least 20 weeks?
If the previous question w	as answered yes, complete the following	ng questions.	If the previou	s question was a	answered ye	s, complete the following questions.
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?			us given the bes	t opportunity	y to survive?
	letermination that the pregnant woman ure to avert death or serious impairmen					nat the pregnant woman had a condition th or serious impairment to the pregnant
Date last normal menses b	pegan 02/24/2016	Physician estimat	te of gestation (i. 7	n weeks)	Post fer	rtilization age of the fetus (in weeks) 5
How were the gestational ULTRASOUND	age and post fertilization age determine	ed?				
OLITAGOOND						
Full name of physician pe DR. JEFFREY D. GLAZ	ER					
1 7 1	orming termination (number and street /E, INDIANAPOLIS, IN 46219	, city, state, and zip	o code)			
**Deta Deported to DC	CS if Potiont under 14 (month, day)					

DATE RECEIVED BY ISDH (month, day, year): _

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addres PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	S FINDIANA (LAFAYETTE) - 964 MEZZANIN	E DRIVE, City or	r town, of pregna	ncy termination		County of pregnanc TIPPE	y termination CANOE
Patient's age** Mar		nancy termination 04/12/2016	Educa	tion		lege, No Degree	
Race American Indiana or A Native Hawaiian or Ot	her Pacific Islander White	☐ Black or Afri	ican American	Unknown	☐ Not Hi	ic or Latino spanic or Latino	☐ Unknown
Live Births:	Number now living 2			Number now o	deceased	0	
Other Terminations:	Number of spontaneous terminations			Number of inc	luced termina	ations 0	
Dates of terminations (Do	not include this termination. If more	than six (6), those r	nost recent.)			<u> </u>	
1	2 3		4	5	C1:	6	. T
Fetus delivered alive? Yes No	If yes, length of time fetus surviv	ved:			•	tion(s) of Pregnancy	
					None	∐ Uterin	e Perforation
Fetus viable?	If viable, medical reason for term	nination:			Hemorrhage	☐ Cervic	al Laceration
☐ Yes ■ No					Infection	☐ Retain	ed Products
					Other (Specij	fy)	
Pathological examination	If yes, results:						
performed? Yes No				Didth	s termination	of pregnancy result	t in a maternal death?
						i oi pregnancy resur	i iii a iiiateriiai deatii?
		Type of Term	nination Procedu	res			
Procedure that Terminated	1 Pregnancy			ocedure that Te	rminated Pre	gnancv	
						•	
Medical (NonsurgicalMedical (Nonsurgical	l) Misoprostol			(Nonsurgical) I (Nonsurgical) I	Misoprostol		
Medical (Nonsurgical	l) Other (Specify)		☐ Medical	(Nonsurgical)	Other (Specif	ÿ)	
Medical (Surgical) S				(Surgical) Suct			
Medical (Surgical) M Medical (Surgical) C				(Surgical) Men (Surgical) Othe		tion	
	(1 33)			, ,	(1 33)		
				(2 . 1)		1 011 1	.
For Medical (Surgical) pro	ocedures, answer the following question	on.	For Medical	(Surgical) proce	dures, answe	r the following ques	tion.
Was the fetus viable or h ☐ Yes ☐ No	have a post fertilization age at least 20	weeks?		us viable or have Yes	e a post fertil	ization age at least 2	20 weeks?
	as answered yes, complete the followi	na avastians	_		om arriama di via a	, complete the follow	wing questions
1 1		ng questions.				_	wing questions.
Was the fetus given the l ☐ Yes ☐ No	best opportunity to survive?			us given the bes Yes No	t opportunity	to survive?	
What was the basis for d	letermination that the pregnant womar	had a condition	What was t	he basis for dete	rmination the	at the pregnant wom	an had a condition
that required the procedu	are to avert death or serious impairmen		that require			n or serious impairm	
woman?			woman?				
Date last normal menses b	negan 02/22/2016	Physician estima	ate of gestation (in weeks)	Post fert	ilization age of the f	fetus (in weeks)
_	age and post fertilization age determine	l ned?	ı			5	
ULTRASOUND							
Full name of physician per							
DR. JEFFREY D. GLAZI		4 alder - 1 : 1 :	in an I-V				
* * *	orming termination (number and stree /E, INDIANAPOLIS, IN 46219	ı, cuy, state, and zi	ф соае)				
**Date Reported to DC	CS, if Patient under 14 (month, day,	year):					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/27/2016

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Facility Name and Ad	ldress	·		City	or town, of preg	nancy terr	nination		County of pregnar	ncy termination
PLANNED PARENTHOO LAFAYETTE, IN, 47905	D OF IN	DIANA (LAFAYETTE) -	964 MEZZANIN	E DRIVE,		AYETTE				ECANOE
					,					
22	Marrie [d Yes • No		nancy termination 04/12/2016	Educ	cation			ollege, No Degree	
Race American Indiana Native Hawaiian o			Asian White	☐ Black or Af	rican American	☐ Un	known		nic or Latino Hispanic or Latino	☐ Unknown
Live Births:	N	umber now living	1			Numb	er now d	eceased	0	
Other Terminations	•	umber of spontaneou	0			Numb	er of ind	uced termin		
Dates of terminations 1. 10/15/2013	,	t include this termind	v				5.		6	
Fetus delivered alive?)	If yes, length of tir						Complic	ation(s) of Pregnand	cy Termination
☐ Yes ■ N	0							None	☐ Uteri	ne Perforation
Fetus viable?		If viable, medical i	eason for term	nination:			□ I	Hemorrhage	e 🔲 Cervi	ical Laceration
Yes N	О	ii viaole, medicai i	cuson for term	macion.			□ I	nfection	☐ Retai	ned Products
								Other (Spec	ify)	
Pathological examinat	tion	If yes, results:								
performed? Yes N	lo						Did this			alt in a maternal death?
							☐ Yes	s 🔳 No)	
				Type of Ter	mination Proced	ures				
Procedure that Termin	nated P	regnancy			Additional		that Ter	minated Pr	egnancy	
Medical (Nonsur					☐ Medic	al (Nonsu	rgical) M	//////////////////////////////////////	e	
Medical (NonsurMedical (Nonsur	gical)	Misoprostol Other (Specify)			☐ Medic	al (Nonsu al (Nonsu	rgical) M rgical) C	Aisoprostol Other (Speci	ify)	
Medical (Surgica	ıl) Suc	tion Curettage			_	al (Surgic	al) Sucti	on Curettag	ge	
☐ Medical (Surgica☐ Medical (Surgica☐ Medical (Surgica☐ Medical (Surgica☐ Medica☐ Medica☐ Medica☐ Medica☐ Medica☐ (Surgica☐ Medica☐ Medica☐ (Surgica☐ Medica☐ Medica☐ (Surgica☐ Medica☐ Medica☐ (Surgica☐ Medica☐ Medica☐ Medica☐ Medica☐ (Surgica☐ Medica☐ Med		nstrual Aspiration er (Specify)						strual Aspir r (Specify)	ration	
For Medical (Surgical	l) proce	dures, answer the fol	lowing question	on.	For Medica	l (Surgica	ıl) proced	lures, answ	er the following que	estion.
Was the fetus viable ☐ Yes ☐		e a post fertilization a	age at least 20	weeks?		etus viabl		a post fert	ilization age at least	20 weeks?
If the previous question	on was	answered yes, comple	ete the followi	ng questions.	If the previous	ous questi	on was a	nswered ye	es, complete the foll	owing questions.
Was the fetus given ☐ Yes ☐		t opportunity to survi	ive?			etus given Yes [opportunit	y to survive?	
	-	ermination that the pr	egnant womar	had a condition			_	mination th	nat the pregnant wo	man had a condition
		to avert death or seri			that requiwoman?	red the pro	ocedure t	o avert dea	th or serious impair	ment to the pregnant
Date last normal mens	_	an 18/2016		Physician estin	nate of gestation	(in weeks	s)	Post fer	rtilization age of the	fetus (in weeks)
How were the gestation	onal ago	e and post fertilization	n age determir	ied?				1		
ULTRASOUND										
Full name of physicia										
Address of physician	perforn	ning termination (num		t, city, state, and	zip code)					
1201 N ARLINGTON	N AVE,	INDIANAPOLIS, IN	N 46219							
ψψ D . Τ	DC~	'CD a'								
**Date Reported to	DCS.	11 Patient under 14	i (month. day.	veari'						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/27/2016

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	OD OF I	NDIANA (LAFAYETTE)	- 964 MEZZANIN	IE DRIVE,	City or t	own, of preg LAF	nancy ter			County of preg	•	termination CANOE
Detient to I			D-4 C		:	1 5 1	4:					
Patient's age** 25	Marri	ed Yes I No	Date of pregr	04/12/20		Edu	cation			nelor's Degree		
Race American Indiana Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	☐ Ur	nknown		/ anic or Latino Hispanic or Latin	.0	☐ Unknown
Live Births:		Number now living	0					ber now d		0		
Other Termination	s: N	Number of spontaneou					Numl	ber of ind	uced termi			
Dates of termination		ot include this termin	v	, ,		ost recent.)				0		
Fetus delivered alive		If yes, length of ti				4		5	Complia	cation(s) of Pregr	nancy '	Termination
Yes I		if yes, length of th	me retus surviv	reu.				1		_	•	Perforation
										_		
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag			Laceration
Yes I	No							L I	nfection	∐ R	etaine	d Products
									Other (Spec	cify)		
Pathological examination performed?	ation	If yes, results:										
Yes I	No										result	in a maternal death?
								☐ Ye	s 🔳 N	0		
				Т	of Tarret	nation De	uro:					
		_		1 ype	oi termii	nation Proced						
Procedure that Term		•				Additional	Procedur	e that Ter	minated P	regnancy		
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprosto			
Medical (Nonsu									Other (Spec			
Medical (Surgio	cal) Suc	ction Curettage				☐ Medic	al (Surgio	cal) Sucti	on Curetta	ge		
Medical (Surgion Medica		enstrual Aspiration ner (Specify)							strual Aspi r (Specify)	ration		
	,	(<i>-</i> p-9))					(~ 8	,	- (~F95)			
For Medical (Surgical	al) proc	edures, answer the fo	llowing question	on.		For Medica	l (Surgic	al) proced	lures, answ	ver the following	auesti	on.
	_	ve a post fertilization						_		tilization age at le	_	
	□ No	ve a post fertilization	age at least 20	weeks:			Yes [a post ter	inization age at i	cast 20	weeks:
If the previous quest	ion was	answered yes, comp	lete the followi	ng questio	ons.	If the previ	ous quest	ion was a	nswered y	es, complete the	follow	ing questions.
_ ~ -	n the be	est opportunity to surv	vive?					n the best No	opportuni	ty to survive?		
		ermination that the p										n had a condition
that required the pr woman?	rocedure	e to avert death or ser	ious impairmei	nt to the pr	egnant	that requi woman?	red the pi	rocedure t	o avert dea	ath or serious imp	pairme	nt to the pregnant
Date last normal mer	nses bes	gan		Physicia	an estimate	e of gestation	(in week	<i>(s)</i>	Post fe	rtilization age of	the fe	tus (in weeks)
	02	/23/2016				6	,	,			4	,,
How were the gestat	ional ag	ge and post fertilization	on age determin	ned?								
OLIKASOUND												
Full name of physici	_	-										
DR. JEFFREY D. G Address of physician		R ming termination (nu	mber and stree	t, city, stat	te, and zip	code)						
1201 N ARLINGTO	-	-		<u> </u>	- x	, 						
**Date Reported t	o DCS	, if Patient under 1	4 (month. day	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	OD OF	S INDIANA (LAFAYETTE) -	964 MEZZANIN	IE DRIVE,	City or t			cy termination	n		County	of pregnan		
Patient's age**	Mar	ried Yes No	Date of pregr	04/11/2016		Edu	catio	on				na or GEI	D	
Race American Indiana Native Hawaiian			☐ Asian ■ White	☐ Black ☐ Other		an Americar	_	☐ Unknown			y anic or La Hispanic o			Unknown
Live Births:		Number now living	1				I	Number now	dece	eased	0			
Other Termination	ъ.	Number of spontaneou	2				1	Number of in	iduce	ed termi				
Dates of termination I. UNKNOWN	s (Do	not include this termino 2. UNKNOWN	ation. If more t			ost recent.) 4		5				6		
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ed:					(Compli	cation(s) o	of Pregnand	су Те	rmination
☐ Yes ■ 1	No							•	Nor	ne		☐ Uteri	ne Pe	rforation
Fetus viable?		If viable, medical	rasson for tarm	ination:				-	Her	norrhag	je.	☐ Cervi	ical L	aceration
Yes I	No	ii viable, medicar	reason for term	illiation.					Infe	ection		☐ Retai	ined F	Products
									Oth	ier (Spec	cify)			
Pathological examin	ation	If yes, results:												
performed?	No							Did th	nic te	rminati	on of preg	nancy reci	ılt in	a maternal death?
									es es	■ N		,nancy rest	ant iii	a maternal death:
				Type o	of Termi	nation Proce	dures	S						
Procedure that Term	inated	Pregnancy				Additional	Proc	cedure that Te	ermi	nated P	regnancy			
Medical (Nonsu								Nonsurgical)						
Medical (Nonsu Medical (Nonsu) Misoprostol) Other (Specify)						Nonsurgical) Nonsurgical)						
Medical (Surgio	cal) Si	action Curettage				☐ Media	cal (S	Surgical) Suc	ction	Curetta	ge			
	cal) M	enstrual Aspiration				☐ Media	cal (S	Surgical) Me Surgical) Oth	nstru	ıal Aspi				
I Wiedicar (Surgio	.ai) O	uici (Specify)					zai (b	Jurgicar) Our	ici (L	эресіју)				
For Medical (Surgical	al) pro	cedures, answer the fol	lowing questic			For Medic	al (Sı	urgical) proce	edure	es answ	ver the foll	lowing and	 estion	
	, I	ave a post fertilization	<i>U</i> 1					s viable or hav						
☐ Yes [] Ye	es 🗌 No		•				
		as answered yes, compl		ng question	ıs.			question was			_		owing	g questions.
	n the b	est opportunity to surv	ive?					s given the bears No	st op	portuni	ty to survi	ve?		
		etermination that the pr												nad a condition
woman?	ocedu	re to avert death or seri	ous impairmei	it to the pre	egnant	woman?	ired t	the procedure	e to a	ivert dea	ath or serio	ous impair	ment	to the pregnant
Date last normal mer		•		Physician	n estimat	e of gestation	n (in	weeks)		Post fe	rtilization	-	fetus	s (in weeks)
How were the gestat		2/14/2016 age and post fertilization	n age determin	ned?		8						6		
ULTRASOUND	ional a	igo anu post tettiiizatio	n age ucteriiii	icu :										
L														
Full name of physici														
Address of physician	n perfo	orming termination (num		t, city, state	, and zip	code)								
1201 N ARLINGTO	N AV	E, INDIANAPOLIS, II	N 46219											
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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				1	<u> </u>	,	<u></u>			
Facility Name and Add PLANNED PARENTHOOD LAFAYETTE, IN, 47905	lress OF IN	NDIANA (LAFAYETTE) -	964 MEZZANINI	E DRIVE, City o	r town, of preg	nancy te			, , ,	nancy termination PPECANOE
D. C. 19 Marie I			D. C.		1 = -					
Patient's age** 22	Marrie I	ed Yes • No		ancy termination 04/22/2016	Edu	cation		Bach	elor's Degree	
Race				J4/22/2010				Ethnicity		
American Indiana o Native Hawaiian or	Othe	r Pacific Islander	Asian White	Black or Afr Other	ican American	□ U	Jnknown	Hispa	nic or Latino Iispanic or Latino	Unknown
Live Births:	N	lumber now living	0			Nun	nber now d	eceased	0	
Other Terminations:	N	lumber of spontaneou	s terminations			Nun	nber of indu	aced termin		
Dates of terminations (A	Do no	ot include this termina	tion. If more ti	han six (6), those	most recent.)				0	_
,		2		* **	,		5.		6.	
Fetus delivered alive?		If yes, length of tir					1	Complic		ancy Termination
Yes No)	in yes, rengin or in	10100 501 111					T		i Dfti
							■ N	vone		erine Perforation
Fetus viable?		If viable, medical i	eason for term	ination:			- D F	Hemorrhago	e 🗌 Ce	rvical Laceration
Yes No)	ii viable, inedicari	cuson for term	mation.				nfection	☐ Re	tained Products
								S.1 (6		
								Other (Spec	nfy)	
Pathological examination performed?	on	If yes, results:								
Yes No)						Did this	termination	on of pregnancy re	esult in a maternal death?
							☐ Yes			zone in a maternar death.
				Tyme of Town	aination Duosa	lumas				
				Type of Tern	nination Proced	iures				
Procedure that Termina	ated F	Pregnancy			Additional	Procedu	ure that Terr	minated Pr	egnancy	
Medical (Nonsurgi	ical)	Mifepristone			☐ Medic	al (Nons	surgical) M	lifepriston	e	
■ Medical (Nonsurgi	ical)	Misoprostol			☐ Medic	al (Nons	surgical) M	lisoprostol		
☐ Medical (Nonsurgi	ical)	Other (Specify)			☐ Medic	al (Nons	surgical) O	ther (Speci	fy)	
Medical (Surgical)) Suc	tion Curettage			☐ Medic	al (Surg	gical) Sucti	on Curettas	 ge	
☐ Medical (Surgical)) Me	nstrual Aspiration			☐ Medic	al (Surg	gical) Mens	trual Aspir		
Medical (Surgical)) Oth	er (Specify)			☐ Medic	al (Surg	gical) Other	(Specify)		
For Medical (Surgical)	proce	edures, answer the fol	lowing questio	n.	For Medica	al (Surgi	ical) proced	ures, answ	er the following o	uuestion.
-	_					_	_			-
Was the fetus viable of Yes ☐		ve a post fertilization a	ige at least 20	weeks?			ible or have	a post fert	ilization age at le	ast 20 weeks?
				<i>.</i> •					11 .6	11
If the previous question	1 was	answered yes, comple	ete the follown	ng questions.	If the previ	ous ques	stion was a	nswered ye	es, complete the fo	ollowing questions.
Was the fetus given th ☐ Yes ☐		st opportunity to survi	ve?				en the best No	opportunit	y to survive?	
		omminoties de ca	anant	had a d'o'				min-et d	act the	waman had 3'd
What was the basis for that required the process.									1 0	voman had a condition airment to the pregnant
woman?			•		woman?	•	-		•	
D. I.				m		7:	7)	T		1 6
Date last normal mense	_	gan /04/2016		Physician estim	ate of gestatior 7	(ın wee	eks)	Post fer	-	the fetus (in weeks) 5
How were the gestation			n age determin	ed?	•					
ULTRASOUND		•								
Full name of physician	nerfo	orming termination								
DR. JEFFREY D. GLA	AZEF	₹								
Address of physician po		-		, city, state, and z	ир соае)					
**D . D	DCC	'CD .'	,	,						
**Date Reported to I	DCS.	. it Patient under 14	· (month. dav. :	vear):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	OD OF IN	IDIANA (LAFAYETTE)	- 964 MEZZANIN	IE DRIVE,	City or t	town, of preg	nancy ter			County of pregr	ancy te	
Dations' **			Data of	nom g== 4	imati		anti					
Patient's age** 26	Marrie [ed ■ Yes □ No	Date of pregr	05/17/20		Edu	cation			2th, No Diploma		
Race American Indian Native Hawaiian			Asian White	☐ Blac		an American		nknown		y anic or Latino Hispanic or Latino)	Unknown
Live Births:	N	umber now living	1				Num	ber now d	eceased	0		
Other Termination	s: N	umber of spontaneou	us terminations				Num	ber of ind	uced termi	nations 0		
Dates of termination						ost recent.)						
Fetus delivered alive		If yes, length of ti				4		5	Complie	cation(s) of Pregna	ancy Te	rmination
Yes Yes		in yes, length of th	ine retus sur viv	rcu.					None .	□ Ut	erine Pe	erforation
									Hemorrhag			aceration
Fetus viable?		If viable, medical	reason for term	nination:						<u> </u>		
Yes • 1	No							🗆 1	nfection	∐ Re	tained I	Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No										esult in	a maternal death?
								☐ Yes	s 🔳 N	0		
				-	6.77		,					
				Туре	ot Termi	nation Proce						
Procedure that Term	inated P	regnancy				Additional	Procedu	re that Ter	minated Pr	regnancy		
Medical (Nonsu									Mifepriston			
Medical (Nonsu Medical (Nonsu									Aisoprosto Other (Spec			
Medical (Surgio	ral) Suc	tion Curettage				☐ Medic	al (Suroi	cal) Sucti	on Curetta	oe		
☐ Medical (Surgio	cal) Me	nstrual Aspiration				☐ Medic	al (Surgi	cal) Mens	strual Aspi			
Medical (Surgio	cai) Oth	er (Specify)				☐ Medic	ai (Surgi	cai) Otne	r (Specify)			
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medica	al (Surgio	cal) proced	lures, answ	er the following o	question	
	le or hav ☐ No	e a post fertilization	age at least 20	weeks?			fetus viab Yes [a post fer	tilization age at le	ast 20 w	veeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questio	ons.	If the previ	ous ques	tion was a	nswered y	es, complete the fe	ollowing	g questions.
	n the bea	st opportunity to surv	vive?					en the best	opportuni	ty to survive?		
	_	tia . a		. 1 1	. 1141					1 4.4h -		
that required the pr		ermination that the part to avert death or ser				that requi				hat the pregnant vath or serious imp		
woman?						woman?						
						<u> </u>						
Date last normal me	_	an /25/2016		Physicia	an estimate	e of gestation 6	in (in week	ks)	Post fe	ertilization age of	the fetus	s (in weeks)
How were the gestat			on age determin	ned?		<u> </u>					7	
ULTRASOUND												
Full name of physici DR. MICHAEL KIN	G											
Address of physician 8950 GEORGETON	•	-		•	te, and zip	code)						
		,	, 3=30									
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	ddres	S FINDIANA (LAFAYETTE) -	964 MEZZANIN	E DRIVE,	City or	town, of pregn	ancy ter			County of pregnand	cy termination ECANOE
Patient's age**	3.1		Date of pregn	ancy term	ination	Educ	ation				1
Patient's age** 22	Maı	ried ☐ Yes ■ No		ancy term 05/17/201		Educ	atiOII		Asso	ociate Degree	
Race American Indiana Native Hawaiian			Asian White	☐ Blac		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numl	ber now d	eceased	0	
Other Termination	s:	Number of spontaneou	s terminations				Numl	ber of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termin		han six (6)), those m	ost recent.)					
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■ 1	NO							• 1	None	☐ Uterir	ne Perforation
								I	Hemorrhag	e 🔲 Cervi	cal Laceration
Fetus viable? Yes 1	No.	If viable, medical	reason for term	ination:				Пп	nfection	□ Retair	ned Products
	NO									_	led Floducts
									Other (Spec	rify)	
Pathological examination performed?	ation	If yes, results:									
Yes •	No							Did this	s termination	on of pregnancy resu	It in a maternal death?
								☐ Yes)	
				Туре	of Termi	nation Procedu	ires				
Procedure that Term	inata	1 Dragnancy				Additional F	Procedur	e that Ter	minated Dr	eagnancy.	
		•								•	
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol		
		l) Other (Specify)							Other (Spec		
——————————————————————————————————————	1) 0	· · · · · · · · · · · · · · · · · · ·					1./0 :	1) 0 (- C #		
		uction Curettage Menstrual Aspiration				☐ Medica	ı (Surgio l (Surgio	cal) Sucu cal) Mens	on Curetta strual Aspir	ge ration	
☐ Medical (Surgio						☐ Medica	l (Surgio	cal) Othe	r (Specify)		
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgic	al) proced	lures answ	er the following que	 stion
							_	_			
	le or h	nave a post fertilization	age at least 20	weeks?			tus viab Yes [a post fert	ilization age at least	20 weeks?
If the pravious quest	ion w	as answered yes, compl	ata tha fallowi	na auastia	na	If the provie	us anost	ion was a	navored va	es, complete the follo	wing questions
ii the previous quest	ion w	as answered yes, compl	ete the follown	ng questio	IIS.	ii tile previo	us quest	ion was a	nswered ye	es, complete the folic	owing questions.
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				tus give Yes [_	opportunit	y to survive?	
											
		letermination that the parties to avert death or serious								hat the pregnant won th or serious impairs	
woman?			1			woman?				r	1 .5
Date last normal mer	neac L	negan		Dhysioia	n estimet	e of gestation	in west	c)	Doct for	rtilization age of the	fetus (in weeks)
Date last normal file		03/16/2016		inysicia	ıı cənilidl	e of gestation (ii week	<i>3 </i>	1 081 16	7 Tillization age of the	icias (iii weeks)
How were the gestat	ional	age and post fertilization	n age determin	ed?							
ULTRASOUND											
			<u> </u>								
Full name of physici	an pe	rforming termination									
DR. MICHAEL KING											
	-	orming termination (num		t, city, stat	e, and zip	code)					
0900 GEORGETON	VIN P	ROAD, INDIANAPOPI	_io, iin 40∠08								
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905 City or town, of pregnancy termination LAFAYETTE City or town, of pregnancy termination TIPPECANOE Patient's age** Married Date of pregnancy termination Education
Patient's age** Date of pregnancy termination Education
Legient equent 1 a.c. 1 Ligit of pregnancy termination L. Education
Patient's age** Married Date of pregnancy termination Education 32 Yes No 05/17/2016 Some College, No Degree
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White Dother Dunknown Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown Not Hispanic or Latino Unknown
Live Births: Number now living Number now deceased 0
Other Terminations: Number of spontaneous terminations 0 Number of induced terminations
Dates of terminations (Do not include this termination. If more than six (6), those most recent.) 1. 05/07/2013 2. 3. 4. 5. 6.
Fetus delivered alive? If yes, length of time fetus survived: Complication(s) of Pregnancy Termination
☐ Yes ■ No ■ None ☐ Uterine Perforation
☐ Hemorrhage ☐ Cervical Laceration
Fetus viable? If viable, medical reason for termination:
☐ Other (Specify)
Pathological examination performed? If yes, results:
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal de ☐ Yes ■ No
Type of Termination Procedures
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy
■ Medical (Nonsurgical) Mifepristone
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) □ Medical (Nonsurgical) Other (Specify)
Interior (Tonomigram) outer (Speedy)
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other (Specify) ☐ Medical (Surgical) Other (Specify)
For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question.
Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. If the previous question was answered yes, complete the following questions.
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition What was the basis for determination that the pregnant woman had a condition
that required the procedure to avert death or serious impairment to the pregnant woman? that required the procedure to avert death or serious impairment to the pregnant woman?
Wolliam.
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)
03/21/2016 6 4
How were the gestational age and post fertilization age determined? ULTRASOUND
Full name of physician performing termination DR. MICHAEL KING
Address of physician performing termination (<i>number and street, city, state, and zip code</i>) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268
**Date Reported to DCS, if Patient under 14 (month, day, year):

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	ddres	S INDIANA (LAFAYETTE) -	- 964 MEZZANIN	E DRIVE,	City or	town, of pregn LAF	ancy terr			County of pregnan	cy termination ECANOE			
Patient's age**			Date of pregn	anov tom-	ination	Educa	tion							
23	Maı	ried □ Yes ■ No		ancy term 05/17/201		Educa	uion	I	High Scho	ol Diploma or GEI				
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Blace		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	leceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termin		han six (6)), those m	ost recent.)								
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnand	cy Termination			
	10								None	☐ Uteri	ne Perforation			
Fetus viable?		If viable, medical	massan fan tamm	instiant				1	Hemorrhag	e 🔲 Cervi	cal Laceration			
Yes I	No	ii viable, iiledicai	reason for term	шаноп:					Infection	☐ Retai	ned Products			
										-:6.)				
		70 1			Other (Specify)									
Pathological examin performed?	ation	If yes, results:												
·											alt in a maternal death?			
								☐ Ye	s 🔳 No	D				
				Туре	of Termi	nation Procedu	res							
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy				
Medical (NonsuMedical (Nonsu									Mifepriston Misoprostol					
		Other (Specify)							Other (Spec					
☐ Medical (Surgic	al) S	uction Curettage				☐ Medical	(Surgic	eal) Sucti	ion Curetta	ge				
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medica	(Surgic	al) Men	strual Aspi	ration				
☐ Medical (Surgio	al) C	ther (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)					
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing question	n.		For Medical	(Surgica	al) proced	dures, answ	er the following que	estion.			
Was the fetus viable	e or l	ave a post fertilization	age at least 20	weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
			age at least 20	weeks:			Yes [a post tert	inzation age at least	20 WCCKS:			
If the previous quest	ion w	as answered yes, compl	lete the following	ng questio	ns.	If the previous	ıs quest	ion was a	nswered ve	es, complete the follo	owing questions.			
				8 1			_		-	-	& 1·			
was the fetus gives		pest opportunity to surv	ive?				us givei Yes [_	opportunit	ty to survive?				
What was the basis	ford	etermination that the pr	egnant women	had a con	dition	What was	he basis	for data	mination t	hat the preamant was	nan had a condition			
that required the pr		re to avert death or ser				that require					ment to the pregnant			
woman?						woman?								
Date last normal men	ises t	egan		Physicia	n estimat	e of gestation (in week:	s)	Post fe	rtilization age of the	fetus (in weeks)			
	(4/01/2016				8				6	· 			
=	ional	age and post fertilization	n age determin	ed?										
ULTRASOUND	LTRASOUND													
	-	rforming termination				<u> </u>								
DR. MICHAEL KING		orming termination (num	mher and stress	t city stat	o and sin	code)								
	-	OAD, INDIANAPOPI		, cuy, siul	c, απα <i>ζ</i> ιρ	couc _j								
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	ddres	S INDIANA (LAFAYETTE) -	- 964 MEZZANIN	E DRIVE,	City or t	town, of pregn	ancy ter			County of pregnan	cy termination ECANOE		
Patient's age**	3.7		Date of pregn	ancy term	ination	Educ	ation						
Patient's age** 24	Maı	ried □ Yes ■ No		ancy term 05/17/201		Educ	atiOII		Asso	ociate Degree			
Race American Indiana Native Hawaiian			☐ Asian ■ White	☐ Blacl		an American	☐ Uı	ıknown	Ethnicity Hispa Not H	anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Num	ber now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Num	ber of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		han six (6)), those m	ost recent.)				<u> </u>			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ 1	NO								None	☐ Uterii	ne Perforation		
						cal Laceration							
Fetus viable? Yes 1	Vo.	If viable, medical	reason for term	ination:				Пі	nfection	□ Retair	ned Products		
	NO									_	lied Froducts		
					Other (Specify)								
Pathological examination performed?	ation	If yes, results:											
·								Did this	s termination	on of pregnancy resu	lt in a maternal death?		
								☐ Yes					
				Type	of Termi	nation Procedu	ires						
Procedure that Term	inata	Dragnancy				Additional F	Procedur	a that Tar	minated Dr	ragnancy			
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol				
		Other (Specify)							Other (Spec				
——————————————————————————————————————	1) 0	·					1./0 :	1) 0 (- C ++				
		uction Curettage Ienstrual Aspiration				☐ Medica	ı (Surgio l (Surgio	cal) Sucu cal) Mens	on Curettag strual Aspin	ge ration			
☐ Medical (Surgio						☐ Medica	l (Surgio	cal) Othe	r (Specify)				
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgic	al) proced	lures answ	er the following que	stion		
							_	_					
	le or h	ave a post fertilization	age at least 20	weeks?			tus viab Yes [a post fert	ilization age at least	20 weeks?		
If the pravious quest	ion w	as answered yes, compl	lata tha fallowi	na auastia	nc	If the provie	us anost	ion was a	nervared ve	as asmulate the follo	owing questions		
ii the previous quest	ion w	as answered yes, comp	iete the followi	ng questio	IIS.	ii tile previo	us quesi	ion was a	iiswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		pest opportunity to surv	rive?				tus give Yes [opportunit	ty to survive?			
							_	 '					
		etermination that the part of avert death or serior								hat the pregnant won th or serious impair			
woman?	occu.	are to avery dealer of sea	ous impuiiio	it to the pr	og.i.i.i	woman?	ou une p		o uverv dea	ur or sorrous impuni	ment to the pregnant		
Data leat normal :	2005 1	agan		Dlave! -!	n oction -	o of gootstie	(in1		Doct f	rtilization asf.4	fotus (in ala)		
Date last normal men		egan 03/18/2016		rnysicia	ııı estimat	e of gestation 8	ın week	s)	Post ie	rtilization age of the 6	icius (in weeks)		
How were the gestat		age and post fertilization	n age determin	ed?		<u> </u>							
ULTRASOUND													
Full name of physici	an pe	rforming termination											
DR. MICHAEL KING													
	-	orming termination (num		t, city, stat	e, and zip	code)	_						
8950 GEORGETOV	/VN F	OAD, INDIANAPOPI	_15, IN 46268										
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and Addre PLANNED PARENTHOOD C LAFAYETTE, IN, 47905	ess DF INDIANA (LAFAYETTE) - 964 MEZZANI	NE DRIVE, City of	or town, of pregna LAFA	ncy termination YETTE	County of pregnan	cy termination ECANOE
Patient's age** M	arried Date of preg	gnancy termination	Educat	tion		
Race	Yes No	05/17/2016			Associate Degree Ethnicity	
American Indiana or Native Hawaiian or C	Other Pacific Islander White Number now living	☐ Black or Afr	rican American	Unknown Number now de	Hispanic or Latino Not Hispanic or Latino ceased	Unknown
Other Terminations:	Number of spontaneous termination			Number of indu	0 ced terminations	
	0 onot include this termination. If more		most recent.)		1	
ı. UNKNOWN	2 3		4	5	6	Titi
Fetus delivered alive? Yes No	If yes, length of time fetus survi	ived:			Complication(s) of Pregnanc	
					_	ne Perforation cal Laceration
Fetus viable? ☐ Yes ■ No	If viable, medical reason for ter	mination:			_	ned Products
l les l No					ther (Specify)	ned Froducts
Pathological examination	n If yes, results:				шег (зресіју)	
performed? Yes No				Did this	termination of pregnancy resu	It in a maternal death?
				Yes	No No	in a maternal death:
		Type of Ten	mination Procedur	res		
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Terr	ninated Pregnancy	
Medical (Nonsurgic				(Nonsurgical) M		
Medical (Nonsurgic Medical (Nonsurgic				(Nonsurgical) M (Nonsurgical) O		
Medical (Surgical)			Medical	(Surgical) Suction	n Curettage	
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)			(Surgical) Mens (Surgical) Other		
For Medical (Surgical) p	procedures, answer the following quest	ion.	For Medical (Surgical) proced	res, answer the following que	stion.
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age at least 20 No	0 weeks?		us viable or have Yes No	a post fertilization age at least	20 weeks?
If the previous question	was answered yes, complete the follow	ving questions.	If the previou	s question was ar	swered yes, complete the follo	owing questions.
Was the fetus given the ☐ Yes ☐ N	e best opportunity to survive?			us given the best	opportunity to survive?	
	determination that the pregnant woma				nination that the pregnant wor	
that required the proceed woman?	dure to avert death or serious impairme	ent to the pregnant	that required woman?	d the procedure to	avert death or serious impair	ment to the pregnant
Date last normal menses	03/26/2016		nate of gestation (i	n weeks)	Post fertilization age of the 4	fetus (in weeks)
How were the gestational ULTRASOUND	al age and post fertilization age determine	ined?				
Full name of physician p	performing termination					
	rforming termination (number and stre ROAD, INDIANAPOPLIS, IN 4626		zip code)			
**Data Papartad to D	OCS if Patient under 14 (month day					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ac	ddres DD OF	INDIANA (LAFAYETTE)	- 964 MEZZANINE	E DRIVE, City	or town, of pr	egnancy t				ancy termination
LAFAYETTE, IN, 47905					_		· <u>-</u>		111	
Patient's age** 26	Mar	ried Yes No		ancy termination 05/17/2016	E	lucation		Bach	elor's Degree	
Race American Indiana Native Hawaiian			Asian White	Black or A	frican America		Unknown		nic or Latino Hispanic or Latino	Unknown
Live Births:		Number now living	0			Nu	mber now d		0	
Other Terminations	••	Number of spontaneo	us terminations 0				mber of indi	aced termin	-	
Dates of terminations 06/24/2014	(Do	not include this termin					-			
Fetus delivered alive		If yes, length of ti			4			•	ation(s) of Pregna	
Fetus viable?	Vo	If viable, medical	reason for term	ination:				Hemorrhago nfection Other (Spec	☐ Re	rvical Laceration
Pathological examina performed?		If yes, results:								
☐ Yes ■ N	No						Did this			esult in a maternal death?
				Type of Ter	mination Proc	edures				
Procedure that Termi	nated	Pregnancy			Addition	al Proced	lure that Ter	minated Pr	egnancy	
Medical (Nonsur Medical (Nonsur Medical (Nonsur	rgical) Misoprostol			☐ Med	ical (Nor	nsurgical) M nsurgical) M nsurgical) C	I isoprostol		
Medical (Surgical Medical Me	al) M	enstrual Aspiration			☐ Med	ical (Sur	gical) Sucti- gical) Mens gical) Other	trual Aspir	ge ation	
For Medical (Surgica	l) pro	cedures, answer the fo	llowing questio	n.	For Med	cal (Surg	gical) proced	ures, answ	er the following o	uestion.
Was the fetus viable ☐ Yes ☐	_	ave a post fertilization	age at least 20	weeks?		e fetus via		a post fert	ilization age at lea	ast 20 weeks?
If the previous question	on wa	s answered yes, comp	lete the followir	ng questions.	If the pre	vious que	estion was a	nswered ye	es, complete the fo	ollowing questions.
Was the fetus given ☐ Yes ☐	_	est opportunity to sur	vive?			e fetus giv		opportunit	y to survive?	
		etermination that the p re to avert death or ser				uired the				oman had a condition airment to the pregnant
Date last normal men		egan 3/25/2016		Physician estir	nate of gestati	on (in we	reks)	Post fe	_	he fetus (in weeks)
How were the gestation	onal	ge and post fertilization	on age determine	ed?				1		
ULTRASOUND										
Full name of physicia DR. MICHAEL KING	}									
Address of physician 8950 GEORGETOV	-	rming termination (nu OAD, INDIANAPOP		, city, state, and	zip code)					
**Date Reported to	o DC	S. if Patient under 1	4 (month, day, y	vear):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and A PLANNED PARENTHO LAFAYETTE, IN, 47905	OD OF I	NDIANA (LAFAYETTE) -	964 MEZZANIN	E DRIVE,	City or t	own, of pregn	ancy term	ination		County of pregna TIPF	ncy termination PECANOE		
Dationt's ac-**	I		Date of	onor: to	notice	77.1.	atio=						
Patient's age** 31	Marri	ed □ Yes ■ No	Date of pregn	ancy termi 05/17/201		Educ	atiOII		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	☐ Black		an American	Unk		☐ Not I	y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	ſ	Number now living	2				Numbe	r now d	eceased	0			
Other Termination	s: 1	Number of spontaneou	s terminations 0				Numbe	r of ind	uced termi	nations 0			
Dates of termination		ot include this termin					•						
1		2				4		5	Compli	cation(s) of Pregnan	cy Termination		
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					1	_	•		
								■ N	None	Uter	ne Perforation		
Fetus viable?		If viable, medical	reason for term	ination:				☐ F	Hemorrhag	ge 🗌 Cerv	ical Laceration		
☐ Yes ■	No								nfection	☐ Reta	ined Products		
									Other (Spec	cify)			
Pathological examin	ation	If yes, results:											
performed?	No							Did this	s terminati	on of pregnancy res	ult in a maternal death?		
								☐ Yes					
				Туре	of Termin	nation Proced	ures						
Procedure that Term	inated l	Pregnancy				Additional I	Procedure t	that Ter	minated Pr	regnancy			
Medical (Nonsu	iroical)	Mifenristone				☐ Medica	1 (Nonsure	rical) M	lifepriston	e			
Medical (Nonsu	ırgical)	Misoprostol				☐ Medica	1 (Nonsurg	gical) M	1isoprosto	1			
Medical (Nonsu	ırgıcaı)	Otner (Specify)				Medica	I (Nonsurg	gical) C	Other (Spec	rify)			
Medical (Surgio						☐ Medica	l (Surgical	l) Sucti	on Curetta strual Aspi	ge			
☐ Medical (Surgion Med		enstrual Aspiration ner (Specify)					l (Surgical l (Surgical			ration			
For Medical (Surgic	al) proc	edures, answer the fol	llowing questic	on.		For Medical	(Surgical)) proced	lures, answ	ver the following gu	estion.		
		ve a post fertilization				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes [ve a post fertilization	age at least 20	WEEKS!			Yes		a post ter	inization age at leas	1 20 weeks?		
If the previous quest	ion was	answered yes, compl	ete the followi	ng questior	18.	If the previo	us questio	n was a	nswered y	es, complete the fol	owing questions.		
Was the fetus give	n the be	est opportunity to surv	ive?			Was the fe	tus given t	the best	opportuni	ty to survive?			
Yes [_	11					Yes		11	• · · · · · · · · · · · · · · · · · · ·			
		termination that the pr									man had a condition		
that required the programmer woman?	rocedur	e to avert death or seri	ious impairmer	it to the pre	egnant	that requir woman?	ed the prod	cedure t	o avert dea	ath or serious impair	ment to the pregnant		
Data last normal co-	nees be	gan		Dhyaiai-	n actimat	e of gestation	(in waster)		Dogt f	utilization acc of 41-	a fatus (in weeks)		
Date last normal me		gan /23/2016		Filysiciai	n esumate	e of gestation 7	in weeks)		POST 16	ertilization age of the 5	z iotus (<i>in weeks)</i>		
How were the gestat	ional ag	ge and post fertilization	n age determin	ed?					1				
ULTRASOUND	LTRASOUND												
Full name of physici	-	orming termination											
_	_	ming termination (num	mber and stree	t, city, state	e, and zip	code)							
		DAD, INDIANAPOPL			•								
**Date Reported t	to DCS	, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/13/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	ddres	S INDIANA (LAFAYETTE) -	· 964 MEZZANINI	E DRIVE,	City or	town, of pregn	ancy terr			County of pregnan	cy termination ECANOE		
Patient's age**		. ,	Date of pregn	ancy term	ination	Educ	ation				-		
Patient's age** 22	Maı	ried ■ Yes 🗌 No		ancy term 05/17/201		Educ	atiOII		Some Co	ollege, No Degree			
Race American Indiana Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	2				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations			
Dates of termination	s (Do	not include this termin	0 ation. If more ti	han six (6)), those m	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ 1	No							■ 1	None	☐ Uteri	ne Perforation		
									Hemorrhage	e 🗌 Cervi	cal Laceration		
Fetus viable? Yes 1	No.	If viable, medical	reason for term	ination:				_ □ ı	infection	— □ Potoi	ned Products		
☐ fes 🖃 l	NO									_	ned Products		
									Other (Spec	cify)			
Pathological examination performed?	ation	If yes, results:											
·								Did this	s terminatio	on of pregnancy resu	lt in a maternal death?		
								☐ Ye		0	·		
	,										1		
				Туре	of Termi	nation Procedu	ires						
Procedure that Term	inated	l Pregnancy				Additional F	rocedure	e that Ter	minated Pr	regnancy			
		•											
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Speci				
Medical (Surgic	al) S	uction Curettage				☐ Medica	l (Surgic	eal) Sucti	on Curettag	ge.			
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medica	l (Surgic	al) Mens	strual Aspir	ration			
☐ Medical (Surgio	cal) (Other (Specify)				☐ Medica	Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	n.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viabl	le or l	nave a post fertilization	age at least 20	weeks?		Was the fe	tus viabl	le or have	a post fert	ilization age at least	20 weeks?		
	No		age at reast 20	··· ceris ·			Yes [u post tere	incurrent age at reast	20 Weeks.		
If the previous quest	ion w	as answered yes, compl	lete the following	ng question	ns.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus giver	n tha	hast opportunity to surv	iva?			Was the fe	tue aive	n the best	opportunit	ty to survive?			
Was the fetus given ☐ Yes ☐		best opportunity to surv	140:				Yes [opportunit	y to saivive:			
What was the basis	for d	etermination that the pr	egnant woman	had a con	dition	What was	the basis	for deter	mination th	hat the pregnant wor	nan had a condition		
that required the pr		ire to avert death or ser				that require					ment to the pregnant		
woman?						woman?							
						1							
Date last normal mer		-		Physicia	n estimat	e of gestation	in week:	s)	Post fer	rtilization age of the	fetus (in weeks)		
How was 41		04/10/2016	m aga d-4-:	ad2		8				6			
How were the gestational age and post fertilization age determined? ULTRASOUND													
221100014D													
Full name of physic:	an r-	rforming tarmingtion									1		
DR. MICHAEL KING	-	rforming termination											
Address of physician	n perf	orming termination (num	mber and street	t, city, stat	e, and zip	code)							
8950 GEORGETOV	NN F	OAD, INDIANAPOPI	LIS, IN 46268										
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addr PLANNED PARENTHOOD (DIANA (LAFAYETTE)	- 964 MEZZANINI	E DRIVE, City	or to	wn, of pregna	ncy terr			County of p		y termination CANOE
LAFAYETTE, IN, 47905								-				
Patient's age** M	larried	l Yes • No		ancy terminatio 05/17/2016	n	Educat	tion	ŀ	High Scho	ol Diploma	or GED	
Race American Indiana or Native Hawaiian or			Asian White	☐ Black or A	African	n American	☐ Uni	known		nic or Latino		☐ Unknown
Live Births:	Nι	ımber now living	0				Numb	er now d	eceased	0		
Other Terminations:	Nι	imber of spontaneo					Numb	er of ind	uced termin	nations 0		
Dates of terminations (L												
Fetus delivered alive? Yes No	_ 2.	If yes, length of ti			_ 4.			5	•	ation(s) of Pr	regnancy	Termination e Perforation
Fetus viable? ☐ Yes ■ No		If viable, medical	reason for term	ination:				□ I	Hemorrhago nfection Other (Spec			al Laceration ed Products
Pathological examinatio performed? Yes • No	n	If yes, results:						Did this			cy result	in a maternal death?
				T. 25								
December 1 of the control of the con	. 1 ~			Type of Te		Addition Procedur		4				
Procedure that Terminat		•				Additional Pr				•		
Medical (Nonsurgion Medical (Nonsurgio Medi	cal) I	Misoprostol				☐ Medical	(Nonsu	rgical) N	lifepriston lisoprostol other (Spec			
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Men	strual Aspiration			.	■ Medical	(Surgical	al) Mens	on Curetta strual Aspin (Specify)	ge ation		
For Medical (Surgical) p	proce	dures, answer the fo	ollowing questio	n.	- :	For Medical (Surgica	l) proced	ures, answ	er the follow	ing ques	_ tion.
Was the fetus viable or ☐ Yes ☐ I		e a post fertilization	age at least 20	weeks?		_	ıs viable	_	a post fert	ilization age	at least 2	0 weeks?
If the previous question		inswered yes, comp	lete the following	ng questions.		_		_	nswered ye	s, complete t	he follov	ving questions.
Was the fetus given the ☐ Yes ☐ Y		opportunity to surv	vive?				ıs given Yes [opportunit	y to survive?		
What was the basis for that required the proce woman?	r dete					What was th	ne basis	for deter				an had a condition ent to the pregnant
Date last normal menses	_	n 02/2016		Physician esti	mate o	of gestation (i	n weeks	·)	Post fe	tilization ago	e of the f	etus (in weeks)
How were the gestationa	al age	and post fertilization	on age determin	ed?					•			
ULTRASOUND												
Full name of physician p	perfor	ming termination										
Address of physician per 8950 GEORGETOWN		-		, city, state, and	l zip c	ode)						
**Date Reported to D	OCS.	if Patient under 1	4 (month, day	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	OD OF IN	IDIANA (LAFAYETTE)	- 964 MEZZANIN	IE DRIVE,	City or t	town, of preg	nancy te				ancy termination PPECANOE		
[D		,	D : 0		• ,•	T = -							
Patient's age** 21	Marrie [ed Yes No	Date of pregr	05/03/20		Edu	cation			ollege, No Degre	e		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American		Jnknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	umber now living	1					nber now d		0			
Other Termination	s: N	umber of spontaneou	us terminations				Nun	nber of ind	uced termi				
Dates of termination			v	, ,		ost recent.)				0			
Fetus delivered alive		If yes, length of ti				4		5	Complie	cation(s) of Pregna	nncy Termination		
Yes •		ii yes, iengui oi u	me ietus suiviv	reu.					1	_	•		
					■ None ☐ Uterine Perforati ☐ Hemorrhage ☐ Cervical Lacerati								
Fetus viable?		If viable, medical	reason for tern	nination:									
☐ Yes ■ 1	No					☐ Infection ☐ Retained Products							
						Other (Specify)							
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No										esult in a maternal death?		
								☐ Yes	s 🔳 N	0			
Type of Termination Procedures													
				Туре	or remin								
Procedure that Term		•				Additional	Procedu	re that Ter	minated P	regnancy			
Medical (NonsuMedical (Nonsu								surgical) N surgical) N					
Medical (Nonsu								surgical) C					
Medical (Surgio	cal) Suc	tion Curettage				☐ Medic	al (Surgi	ical) Sucti	on Curetta	ige			
Medical (Surgio		nstrual Aspiration						ical) Mensical) Other					
(Surgra	<i>y</i> , 0	or (apooly)					ar (Surg.	ioui, ouio	(Speedy)				
For Medical (Surgic	al) proce	edures answer the fo	llowing question			For Medic	al (Suroi	cal) proced	lures answ	ver the following q	uestion		
	_						_	_					
	No	e a post fertilization	age at least 20	weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, comp	lete the followi	ng questio	ons.	If the previ	ous ques	stion was a	nswered y	es, complete the fo	ollowing questions.		
	n the bea	st opportunity to surv	vive?					en the best	opportuni	ty to survive?			
What was the basis	s for det	ermination that the pr	regnant woman	n had a con	dition	What wa	s the bas	is for deter	mination t	hat the pregnant w	oman had a condition		
that required the programmer woman?	rocedure	to avert death or ser	ious impairme	nt to the pr	regnant	that requive	ired the p	procedure t	o avert dea	ath or serious impa	nirment to the pregnant		
Woman.													
Date last normal me	nees boo	ran		Dhygiai	an estimet	e of gestation	(in was	ke)	Dogt fo	artilization ego of f	he fetus (in weeks)		
Date last normal me	_	/15/2016		1 Hysicia	ai connidu	e or gestation	ı (ın wee	ns)	1 OSt 16	_	4		
How were the gestational age and post fertilization age determined?													
ULTRASOUND	DETRASOUND												
Full name of physici	an nerfo	rming termination											
DR. MICHAEL KIN	G		, .										
Address of physician 8950 GEORGETON	•	-		•	te, and zip	code)							
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	OD OF IN	IDIANA (LAFAYETTE)	- 964 MEZZANIN	IE DRIVE,	City or t	town, of preg	gnancy te FAYETT			County of pregna	nncy termination PECANOE		
		,	n · ·			T =							
Patient's age** 19	Marrie [ed Yes • No	Date of pregr	05/03/20		Edu	cation	ŀ		ool Diploma or GE	ED		
Race American Indian Native Hawaiian			Asian White	☐ Blac		an Americar		Jnknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	umber now living	0					nber now d		0			
Other Termination	s: N	umber of spontaneou					Nun	nber of indu	uced termi	nations			
Dates of termination			v			ost recent.)				0			
Fetus delivered alive		If yes, length of ti				4		5	Complie	cation(s) of Pregnar	ncy Termination		
Yes •		ii yes, iengui oi u	me ietus suiviv	reu.					•	_	rine Perforation		
					─────────────────────────────────────								
Fetus viable?		If viable, medical	reason for tern	nination:									
☐ Yes ■ 1	No								nfection	☐ Reta	ained Products		
						Other (Specify)							
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No										sult in a maternal death?		
								☐ Yes	s • N	0			
	of T-	notio- P	d										
Type of Termination Procedures													
Procedure that Term	inated P	regnancy				Additional	Procedu	ire that Ter	minated P	regnancy			
Medical (NonsuMedical (Nonsu								surgical) M surgical) M					
Medical (Nonsu								surgical) C					
Medical (Surgio	cal) Suc	tion Curettage				☐ Medic	al (Surgi	ical) Sucti	on Curetta	ige			
	cal) Me	nstrual Aspiration				☐ Media	al (Surg	ical) Mens	strual Aspi	ration			
Wedicai (Surgio	Zai) Otti	er (specify)				Medical (Surgical) Other (Specify)							
FM-4:1 (C	-1)	1	11 :				-1 (C:	1\1		d f-11i			
For Medical (Surgical			• .			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	le or hav	e a post fertilization	age at least 20	weeks?			fetus vial Yes		a post fer	tilization age at leas	st 20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followi	ng questio	ons.	If the prev	ious ques	stion was a	nswered y	es, complete the fol	llowing questions.		
	n the be	st opportunity to surv	vive?					en the best	opportuni	ty to survive?			
	_	ermination that the pr	regnant woman	n had a con	dition		_	_	mination t	hat the pregnant we	oman had a condition		
that required the pr		to avert death or ser				that requ					irment to the pregnant		
woman?						woman?							
				l ps		c :		1		.010 .0			
Date last normal me	_	an /09/2016		Physicia	an estimate	e of gestation 7	ı (in wee	rks)	Post fe	ertilization age of the			
How were the gestational age and post fertilization age determined?													
ULTRASOUND	JLTRASOUND												
Full name of physici DR. MICHAEL KIN	G												
Address of physician 8950 GEORGETON	•	-		•	te, and zip	code)							
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO LAFAYETTE, IN, 47905	ddres	S INDIANA (LAFAYETTE)	- 964 MEZZANIN	E DRIVE,	City or	town, of pregn	ancy ter			County of pregnan	cy termination ECANOE		
Patient's age**	3.7	. ,	Date of pregn	ancy term	ination	Educ	ation				1		
Patient's age** 31	Mai	ried □ Yes ■ No		ancy term 05/03/201		Educ	atiOII		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Blac		can American		ıknown	☐ Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Numb	oer now d	leceased	0			
Other Termination	s:	Number of spontaneou	us terminations 0				Numb	per of ind	uced termin	nations 2			
Dates of termination _{1.} 08/07/2013	s (Do	not include this termin 2. 09/15/2015		han six (6)), those m	ost recent.)	 	5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	No				■ None								
					☐ Hemorrhage ☐ Cervical Laceral								
Fetus viable? Yes I	No.	If viable, medical	reason for term	ination:	☐ Infection ☐ Retained Products								
	NO										ned Floducts		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
·	<u> </u>										lt in a maternal death?		
								☐ Ye	s 🔳 No)			
				Туре	of Termi	nation Procedu	ires						
Procedure that Term		Additional F	rocedur	e that Ter	minated Pr	regnancy							
■ Medical (Nonsu	ırgica) Mifepristone				☐ Medica	(Nonsu	ırgical) N	Aifepristone	e			
■ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) □ Medical (Nonsurgical) Other (Specify)													
Medical (Nonsu	ırgıca	Otner (Specify)				Medica	(Nonsu	irgical) (otner (Speci	ify)			
		uction Curettage							on Curettag				
☐ Medical (Surgion Med		Ienstrual Aspiration other (Specify)							strual Aspir r (Specify)	ration			
_		(1 33)											
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	dures, answ	er the following que	stion.		
	le or l	ave a post fertilization	age at least 20	weeks?			tus viabl Yes [_	a post fert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, comp	lete the following	ng questio	ons.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes [pest opportunity to surv	vive?				tus givei Yes [opportunit	y to survive?			
What was the basis	ford	etermination that the pr	regnant women	had a com	dition		_		mination +1	hat the pregnant wor	nan had a condition		
that required the pr		re to avert death or ser				that require					ment to the pregnant		
woman?						woman?							
						1							
Date last normal men	nses b	egan		Physicia	an estimat	e of gestation	in week.	s)	Post fer	rtilization age of the	fetus (in weeks)		
**		3/20/2016	•	10		6				4			
How were the gestational age and post fertilization age determined? ULTRASOUND													
CETTAGOOND													
Full name of physici	-	forming termination											
		orming termination (nu	mber and street	t, city, stat	te, and zip	code)							
	-	OAD, INDIANAPOPI			- r								
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/28/2016

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Facility Name and Add	ress	·		City	or town, of preg	nancy ter	mination		County of pregnancy termination
PLANNÉD PARENTHOOD LAFAYETTE, IN, 47905	OF INI	DIANA (LAFAYETTE) -	964 MEZZANIN	E DRIVE,		AYETTE			TIPPECANOE
Dation 2 ++	_		Date of	omory to a state of	1 = 1	noti -			
Patient's age** 18	∕Iarried □	d Yes • No		ancy termination 05/24/2016	Educ	cation	1	High Scho	ol Diploma or GED
Race American Indiana o Native Hawaiian or			Asian White	☐ Black or A	rican American	☐ Un	ıknown		nic or Latino
Live Births:	Nι	ımber now living	1			Numb	er now d		0
Other Terminations:	Nι	ımber of spontaneou	s terminations			Numb	per of ind	uced termin	-
Dates of terminations (I									
	2.				4		5	Complic	ation(s) of Pregnancy Termination
Fetus delivered alive? Yes No		If yes, length of tir	ne fetus surviv	red:					_
								None	Uterine Perforation
Fetus viable?		If viable, medical r	eason for term	nination:			<u> </u>	Hemorrhage	_
Yes No							🗆 1	Infection	☐ Retained Products
								Other (Spec	ify)
Pathological examination performed?	on	If yes, results:							
Yes No)								on of pregnancy result in a maternal death
							☐ Ye	s 🔳 No)
				Type of Ter	mination Proced	ures			
Procedure that Termina	nted De	regnancy		Type of Tel	Additional		a that Tar	minated D-	egnancy
		•							
Medical (NonsurgiMedical (Nonsurgi	ical) N	Misoprostol			☐ Medic	al (Nonsu	rgical) N	Mifepristone Misoprostol	
Medical (Nonsurgi	ical) (Other (Specify)			☐ Medic	ıl (Nonsu	rgical) (Other (Speci	fy)
Medical (Surgical) Medical (Surgical)								ion Curettag strual Aspir	
Medical (Surgical)								r (Specify)	
For Medical (Surgical)	proce	dures, answer the fol	lowing question	on.	For Medica	l (Surgica	al) proced	dures, answ	er the following question.
Was the fetus viable o		e a post fertilization a	age at least 20	weeks?		etus viabl Yes [e a post ferti	ilization age at least 20 weeks?
If the previous question	ı was a	answered yes, comple	ete the followi	ng questions.	If the previous	ous quest	ion was a	ınswered ye	es, complete the following questions.
Was the fetus given th		t opportunity to survi	ive?			etus giver Yes [opportunit	y to survive?
What was the basis fo		rmination that the pr	egnant woman	had a condition			_	rmination th	nat the pregnant woman had a condition
that required the processions woman?					that requi	ed the pr	ocedure t	to avert dea	th or serious impairment to the pregnant
woman:					woman?				
Date last normal mense	s begg	nn		Physician estir	nate of gestation	(in wool	5)	Post fee	rtilization age of the fetus (in weeks)
	04/0	05/2016		_	8	, WEEK	-/	1 050 101	6
How were the gestation ULTRASOUND	nal age	and post fertilization	n age determin	ed?					
Full name of physician DR. JEFFREY D. GLA									
Address of physician po		-		t, city, state, and	zip code)				
**Date Reported to I	DCS.	if Patient under 14	(month. day.	vear):					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/28/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addr	ress			City	or town, of pregn	ancv teri	mination		County of pregnancy termination
PLANNED PARENTHOOD (LAFAYETTE, IN, 47905	OF IN	DIANA (LAFAYETTE) -	964 MEZZANIN	E DRIVE,		AYETTE			TIPPECANOE
Dationt's acce**			Data of	anay tamai	Educ	otion			
Patient's age** M	Iarried	Yes No		ancy termination 05/24/2016	Educ	ation	H	High Scho	ol Diploma or GED
Race American Indiana or Native Hawaiian or			☐ Asian ☐ White	☐ Black or Af	rican American	■ Un	known		unic or Latino Hispanic or Latino
Live Births:	Nu	ımber now living	2				er now d	eceased	0
Other Terminations:	Nu	imber of spontaneou	s terminations			Numb	er of ind	uced termin	nations 0
Dates of terminations (L		t include this termino					5		6
Fetus delivered alive?		If yes, length of tir						Complic	ation(s) of Pregnancy Termination
☐ Yes ■ No							■ N	None	☐ Uterine Perforation
Fetus viable?		If viable, medical r	and an for town	inations			☐ F	Hemorrhage	e Cervical Laceration
Yes No		ii viable, illedicai i	eason for term	imation:			☐ I	nfection	☐ Retained Products
								Other (Spec	rify)
Pathological examinatio	on	If yes, results:							
performed? Yes No							Did this	s terminatio	on of pregnancy result in a maternal death?
							☐ Yes		
				Type of Ter	mination Proced				
Procedure that Terminat	ted Pr	egnancy			Additional I				
Medical (NonsurgionMedical (Nonsurgion					☐ Medica	l (Nonsu l (Nonsu	rgical) M	Aifepristone Aisoprostol	e
Medical (Nonsurgio	cal) (Other (Specify)			☐ Medica	l (Nonsu	rgical) C	Other (Speci	ify)
Medical (Surgical) Medical (Surgical)								on Curettaş strual Aspir	
Medical (Surgical) Medical (Surgical)								r (<i>Specify</i>)	ation
For Medical (Surgical) I	proced	dures, answer the fol	lowing questic	on.	For Medical	(Surgica	al) proced	lures, answ	er the following question.
Was the fetus viable of Yes 1		e a post fertilization a	age at least 20	weeks?		tus viabl Yes [a post fert	ilization age at least 20 weeks?
If the previous question	was a	inswered yes, comple	ete the followi	ng questions.	If the previo	us questi	ion was a	nswered ye	es, complete the following questions.
Was the fetus given the ☐ Yes ☐ I		opportunity to survi	ive?			tus giver Yes [opportunit	y to survive?
What was the basis for		rmination that the pr	egnant woman	had a condition			_	mination th	nat the pregnant woman had a condition
that required the proce woman?					that requir woman?	ed the pr	ocedure t	o avert dea	th or serious impairment to the pregnant
					··· Olimii				
Date last normal menses	s bega	ın		Physician estin	nate of gestation	in weeks	5)	Post fer	rtilization age of the fetus (in weeks)
	03/1	8/2016	. 4-E eee e	-	9				7
How were the gestational ULTRASOUND	ai age	and post fertilization	n age determin	ed /					
Full name of physician p		ming termination							
Address of physician pe		-		t, city, state, and	zip code)				
**Date Reported to D	DCS.	if Patient under 14	(month day	vear).					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/28/2016

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Facility Name and Addres	25		City or	town, of pregna	ncy termin	ation	County of pregnancy termination			
PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	FINDIANA (LAFAYETTE) -	964 MEZZANINE DRIVE,	, Jany of		YETTE		TIPPECANOE			
Datient's age**		Data of means and the	minotica	Educa	tion					
Patient's age** Mar 27	rried Yes I No	Date of pregnancy ter 05/24/20		Educa	tion	High Sch	ool Diploma or GED			
Race American Indiana or A Native Hawaiian or Ot		☐ Asian ☐ Bla ■ White ☐ Otl		can American	Unkno		ty panic or Latino Hispanic or Latino			
Live Births:	Number now living	1		Number now deceased						
Other Terminations:	Number of spontaneou	s terminations			Number o	of induced term	ninations 0			
Dates of terminations (Do UNKNOWN	not include this termino					5	6			
Fetus delivered alive?	If yes, length of tir						ication(s) of Pregnancy Termination			
☐ Yes ■ No					☐ Uterine Perforation					
						☐ Hemorrha	ge			
Fetus viable? Yes No	If viable, medical i	reason for termination:					Retained Products			
l les l No						_	_			
Data to the state of	70 1					Other (Spe	ecify)			
Pathological examination performed?	If yes, results:									
☐ Yes ■ No						id this terminat	tion of pregnancy result in a maternal death?			
	I					1031	10			
		Туј	pe of Termi	nation Procedu	res					
Procedure that Terminated	d Pregnancy			Additional Pr	ocedure that	at Terminated I	Pregnancy			
Medical (Nonsurgical				☐ Medical	(Nonsurgic	cal) Mifepristo	ne			
Medical (Nonsurgical Medical Medi	Misoprostol Other (Specify)			☐ Medical ☐ Medical	(Nonsurgio	cal) Misoprostocal) Other (Spe	ol ecify)			
- Wedlear (170) Surgical	i) other (specify)			Wiedicar	(Tronsargie	our) Giller (Spe				
					(0 : 1)	g :: G ::				
☐ Medical (Surgical) S ☐ Medical (Surgical) M	Menstrual Aspiration			☐ Medical	(Surgical)	Suction Curett Menstrual Asp	piration			
Medical (Surgical) C	Other (Specify)			Medical (Surgical) Other (Specify)						
For Medical (Surgical) pro				For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or h ☐ Yes ☐ No		age at least 20 weeks?			us viable or Yes 🔲 N		rtilization age at least 20 weeks?			
If the previous question w	as answered yes, compl	ete the following quest	ions.	If the previou	is question	was answered	yes, complete the following questions.			
Was the fetus given the l ☐ Yes ☐ No		ve?			us given the	e best opportun	ity to survive?			
What was the basis for d		egnant woman had a co	ondition		_		that the pregnant woman had a condition			
that required the procedu woman?	ure to avert death or seri	ous impairment to the	pregnant	that require woman?	d the proce	dure to avert de	eath or serious impairment to the pregnant			
woman:				woman:						
Date last normal menses b	pegan	Physic	cian estimat	te of gestation (i	in weeks)	Post 1	fertilization age of the fetus (in weeks)			
C	03/25/2016			6	/		4			
How were the gestational ULTRASOUND	age and post fertilization	n age determined?								
Full name of physician per DR. JEFFREY D. GLAZI										
Address of physician perfo 1201 N ARLINGTON AV	-		tate, and zip	o code)						
**Data Danastal ta DC	CS, if Patient under 14	(manufacture manufacture)								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/28/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE LAFAYETTE, IN, 47905						City or town, of pregnancy termination LAFAYETTE				County of pregnancy termination TIPPECANOE		
Patient's age** 27	Marrio 	ed □ Yes ■ No	Date of pregr	05/10/20		Edu	cation			ollege, No Degr	ее	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American		nknown		y anic or Latino Hispanic or Latino)	Unknown
Live Births:	N	Number now living	2				Num	ber now d	eceased	0		
Other Termination	s: N	Number of spontaneou					Num	ber of ind	uced termi			
Dates of termination 1. 04/18/2015	s (Do no	ot include this termin				ost recent.)		5		6		
Fetus delivered alive	?	If yes, length of ti							Compli	cation(s) of Pregn	ancy T	Cermination
Yes I	No					■ None ☐ Uterine Perforation						Perforation
						 	Hemorrhag	e \Box Ce	rvical	Laceration		
Fetus viable? Yes I	If viable, medical					nfection	_		Products			
	110									_	tanico	Troducts
D.1.1.1.1.		76 1						(Other (Spe	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■								esult i	n a maternal death?			
							☐ Yes	s 🔳 N	0			
				Туре	e of Termin	nation Proced	dures					
Procedure that Term	inated F	Pregnancy				Additional	Procedu	re that Ter	minated P	regnancy		
Medical (Nonsu Medical (Nonsu	ırgical)	Misoprostol				☐ Medic	al (Nons	urgical) M	Aifepriston Aisoprosto	1		
Medical (Nonsu	ırgical)	Other (Specify)				Medical (Nonsurgical) Other (Specify)						
Medical (Surgio									on Curetta			
☐ Medical (Surgion Med		nstrual Aspiration ner (Specify)							strual Aspi r (<i>Specif</i> y)	ration		
For Medical (Surgic	al) proc	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.						
	_	ve a post fertilization	age at least 20	weeks?					a post fer	tilization age at le	ast 20	weeks?
	☐ No	answered yes, comp	lata tha fallowi	na avastia	nno.	_	Yes	_	narranad v	es, complete the f	ollowi	na questions
		st opportunity to surv		ng questio	ліѕ.	•	•		•	ty to survive?	OHOWI	ng questions.
	☐ No	or opportunity to sur-						□ No	оррогии	ey to survive.		
		ermination that the p								hat the pregnant v		
woman?	rocedure	e to avert death or ser	ious impairmei	it to the pi	regnant	woman?	irea ine p	rocedure t	o avert dea	ath or serious imp	airmei	it to the pregnant
Date last normal me	nses beg	gan		Physicia	an estimate	e of gestation	ı (in weel	ks)	Post fe	ertilization age of	the fet	us (in weeks)
	03	/11/2016				8					6	
How were the gestat ULTRASOUND	ional ag	ge and post fertilization	on age determin	ned?								
OLIKASOUND												
Full name of physici	_	-										
DR. JEFFREY D. G Address of physician		R ming termination (nu	mber and stree	t, city, star	te, and zin	code)						
1201 N ARLINGTO	-	-		<u> </u>	· • • • • • • • • • • • • • • • • • • •							
**Date Reported t	o DCS	, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/28/2016

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Lacit failure to file trilo rep	sort of time as required is a olas		pci 10 10 54 2	2 3 (b).					
Facility Name and Address PLANNED PARENTHOOD OF II LAFAYETTE, IN, 47905	NDIANA (LAFAYETTE) - 964 MEZZANIN	E DRIVE, City or		ncy termination		County of pregnancy termination TIPPECANOE			
Patient's age** Marrie		nancy termination 05/10/2016	Educa	tion	Asso	ociate Degree			
Race American Indiana or Ala Native Hawaiian or Othe Live Births:	<u>—</u>	☐ Black or Afric	can American	Unknown Number now d	☐ Not I	onic or Latino Hispanic or Latino Unknown			
Other Terminations:	Number of spontaneous terminations			Number of induced terminations					
Dates of terminations (Do n	ot include this termination. If more t								
Fetus delivered alive?	2 3 If yes, length of time fetus surviv		4	5	Complic	cation(s) of Pregnancy Termination			
☐ Yes ■ No				1 I	None	Uterine Perforation			
					Hemorrhag	e			
Fetus viable? ☐ Yes ■ No	If viable, medical reason for term	ination:	☐ Infection ☐ Retained Products						
l les 🗀 140									
Pathological examination	If yes, results:				Other (Spec	cify)			
performed?	ii yes, iesuits.								
☐ Yes ■ No				Did this		on of pregnancy result in a maternal death?			
		Tune of Tomo	ination Procedu	* 00					
D 1 3 7 7 1 1 1		Type of Term	ination Procedu						
Procedure that Terminated I				ocedure that Ter					
Medical (Nonsurgical)Medical (Nonsurgical)				(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsurgical)	Other (Specify)		☐ Medical	(Nonsurgical) C	Other (Spec	ify)			
Medical (Surgical) Suc Medical (Surgical) Me Medical (Surgical) Oth	enstrual Aspiration		☐ Medical	(Surgical) Sucti (Surgical) Mens (Surgical) Other	strual Aspin	ge ration			
For Medical (Surgical) proc	edures, answer the following question	on.	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ha⊓ ☐ Yes ☐ No	ve a post fertilization age at least 20	weeks?		us viable or have Yes	a post fert	tilization age at least 20 weeks?			
If the previous question was	answered yes, complete the followi	ng questions.	If the previou	s question was a	nswered ye	es, complete the following questions.			
Was the fetus given the be ☐ Yes ☐ No	est opportunity to survive?			us given the best Yes	opportunit	ty to survive?			
	termination that the pregnant woman					hat the pregnant woman had a condition			
that required the procedure woman?	e to avert death or serious impairmen	nt to the pregnant	that require woman?	d the procedure t	o avert dea	ath or serious impairment to the pregnant			
		T			1				
	/15/2016	Physician estimat	te of gestation (i	in weeks)	Post fe	ertilization age of the fetus (in weeks) 6			
How were the gestational ag	ge and post fertilization age determin	ed?							
Full name of physician perfo DR. JEFFREY D. GLAZER	R								
	ming termination (number and stree , INDIANAPOLIS, IN 46219	t, city, state, and zip	o code)						
**Date Reported to DCS	s, if Patient under 14 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/27/2016

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Facility Name and Address PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905	SS F INDIANA (LAFAYETTE) - 964 MEZZANINI	E DRIVE, City or	town, of pregna LAFA	ncy termina YETTE	County of pregnancy termination TIPPECANOE				
Patient's age** Mai	inica —	ancy termination	Educat	ion	9th-12	⊇th, No Diploma			
Race American Indiana or A Native Hawaiian or O	Alaska Native	Black or Afric	can American	Unknov	Ethnicity Hispa	<u> </u>			
Live Births:	0			0 Number of induced terminations					
Other Terminations:	Number of spontaneous terminations 0			Nulliber o	i iliduced terilii	0			
Dates of terminations (Do	o not include this termination. If more the contract of the co	han six (6), those m	ost recent.)		5	6			
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus surviv	ed:		[Complication(s) of Pregnancy Termination None Uterine Perforation Hemorrhage Cervical Laceration				
Fetus viable? Yes No	If viable, medical reason for term	ination:							
Pathological examination performed?	If yes, results:				Did this termination of pregnancy result in a maternal death ☐ Yes ■ No				
		Type of Term	ination Procedur	res					
Procedure that Terminated	d Pregnancy	• \$			t Terminated Pr	regnancy			
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	al) Mifepristone al) Misoprostol		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) S Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration								
For Medical (Surgical) pr	ocedures, answer the following question	n.	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or l ☐ Yes ■ N	have a post fertilization age at least 20 o	weeks?		ıs viable or Yes		tilization age at least 20 weeks?			
If the previous question w	was answered yes, complete the following	ng questions.	If the previou	s question v	was answered yo	es, complete the following questions.			
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive? o			is given the	best opportunit	ty to survive?			
	determination that the pregnant woman ure to avert death or serious impairmen					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal menses t	began 03/16/2016	Physician estimat	te of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
How were the gestational ULTRASOUND	age and post fertilization age determin	ed?							
Full name of physician pe	=								
	forming termination (number and street	, city, state, and zip	o code)						
1201 IN ARLINGTON AV	VE, INDIANAPOLIS, IN 46219								
**Data Papartad to DV	CS if Patient under 14 (month, day)	war!							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and Addre PLANNED PARENTHOOD O LAFAYETTE, IN, 47905	ess F INDIANA (LAFAYETTE) - 964 MEZZANII	NE DRIVE, City or	town, of pregna	ncy termination	ı	County of pregnancy termination TIPPECANOE		
Patient's age** Ma	nrried Date of preg	nancy termination 05/03/2016						
Race American Indiana or A Native Hawaiian or C	Alaska Native	Black or Afric	can American	Unknown Number now	Ethnicity Hispa Not H	ŭ ·		
	Number of spontaneous termination	<u> </u>		0 Number of induced terminations				
Other Terminations:	o not include this termination. If more		act recent			0		
1	2 3		4 5 6					
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus survi	ved:	Complication(s) of Pregnancy Termin None Uterine Perfora					
Fetus viable?	If viable, medical reason for terr	nination:			Hemorrhage	e Cervical Laceration		
☐ Yes ■ No					Infection	☐ Retained Products		
					Other (Spec	ify)		
Pathological examination performed?	If yes, results:							
Yes No				Did th ☐ Ye		on of pregnancy result in a maternal death?		
		Type of Term	ination Procedu	res				
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Te	rminated Pr	egnancy		
☐ Medical (Nonsurgical Medical Medical Medical (Nonsurgical Medical	al) Misoprostol		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		☐ Medical	(Surgical) Suct (Surgical) Mer (Surgical) Othe	strual Aspir	ge ation		
For Medical (Surgical) pr	rocedures, answer the following questi	on.	For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 20 To) weeks?		us viable or hav Yes	e a post ferti	ilization age at least 20 weeks?		
If the previous question v	was answered yes, complete the follow	ing questions.	If the previou	s question was	answered ye	es, complete the following questions.		
Was the fetus given the Yes N	best opportunity to survive?			us given the bes Yes \(\sime\) No	t opportunit	y to survive?		
	determination that the pregnant woma lure to avert death or serious impairme					nat the pregnant woman had a condition th or serious impairment to the pregnant		
Date last normal menses	began UNKNOWN	Physician estima	te of gestation (i	n weeks)	Post fer	rtilization age of the fetus (in weeks)		
_	age and post fertilization age determi	ned?						
ULTRASOUND								
Full name of physician po	ZER							
* * *	forming termination (number and street VE, INDIANAPOLIS, IN 46219	et, city, state, and zip	o code)					
**D-4- D	CS if Patient under 14 (month, day							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/28/2016

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PLANNED PARENTHOOD	cility Name and Address NNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, NAME DATE IN 47905 LAFAYETTE City or town, of pregnancy termination LAFAYETTE TIPPECANOE											
LAFAYETTE, IN, 47905					1 = 5 (32							
Patient's age** 30	Iarried	Yes No		ancy termination 05/02/2016	Educa	tion	ŀ	High Scho	ol Diploma or GED			
Race American Indiana or Native Hawaiian or			Asian White	Black or Afri	can American	☐ Un	known		nic or Latino] Unknown		
Live Births:	Nu	mber now living	1			Numb	er now d	eceased	0			
Other Terminations:	Nu	mber of spontaneou				Numb	per of indi	uced termin	nations 0			
Dates of terminations (I	Do not	include this termina	ation. If more th	an six (6), those n	nost recent.)				<u> </u>			
1.	2				4		5		6			
Fetus delivered alive? ☐ Yes ■ No		If yes, length of tir	ne fetus survive	ed:	Complication(s) of Pregnancy Termination							
					■ None ☐ Uterine Perforation							
Fetus viable?		If viable, medical	reason for termi	nation:			☐ F	Hemorrhage	e Cervical Lac	eration		
☐ Yes ■ No							☐ I	nfection	☐ Retained Pro	ducts		
							Other (Spec	ify)				
Pathological examination	on	If yes, results:										
performed? ☐ Yes ■ No							Did this	terminatio	on of pregnancy result in a 1	maternal death?		
							Yes			naternar deatir?		
				Type of Term	ination Procedu	res						
Procedure that Terminat	ted Pre	egnancy			Additional P	rocedure	e that Ter	minated Pr	egnancy			
Medical (Nonsurgion	cal) N	Aifenristone			☐ Medical	(Nonsu	roical) M	//////////////////////////////////////	<u>.</u>			
 Medical (Nonsurgion 	cal) M	Iisoprostol			 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 							
☐ Medical (Nonsurgio	cai) C	лпег (<i>Specify)</i>			☐ Medical	(Nonsu	rgicai) C	nner (<i>spec</i>	Jy)			
☐ Medical (Surgical) ☐ Medical (Surgical)					☐ Medical	(Surgic	al) Sucti	on Curetta	ge ration			
Medical (Surgical)					☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical) p	proced	lures, answer the fol	lowing question	1.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable o		a post fertilization	age at least 20 v	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes If the previous question		ngwarad was aamni	ata tha fallowin	a questions		Yes [_	noward ve	es, complete the following o	yuagtions		
Was the fetus given th				g questions.	1	•		•	y to survive?	uestions.		
Yes I		opportunity to surv				Yes [оррогиян	y to survive.			
What was the basis for that required the proce									nat the pregnant woman had th or serious impairment to			
woman?			F		woman?	г-				F8		
ı												
Date last normal menses	_	n 5/2016		Physician estima	te of gestation (in week:	s)	Post fe	rtilization age of the fetus (a	in weeks)		
How were the gestationa	al age	and post fertilizatio	n age determine	ed?						_		
ULTRASOUND												
Full name of al:-:	norf-:	ming tomping!										
Full name of physician p	ZER		nhan and atreat	aity state and si	n anda)							
Address of physician pe 1201 N ARLINGTON A		-		cuy, siaie, ana zij	o coue)							
**Date Reported to D	DCS. i	if Patient under 14	1 (month, day y	near):								

DATE RECEIVED BY ISDH (month, day, year): _

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre PLANNED PARENTHOOD C LAFAYETTE, IN, 47905	E DRIVE, City	City or town, of pregnancy termination LAFAYETTE					County of pregnancy termination TIPPECANOE					
Dationt's access			Date of	anay tama :		F.4	tion					
21	arried	Yes No		nancy termination 06/14/2016	OTI	Educa	uon	ŀ		ol Diploma or GED		
Race American Indiana or Native Hawaiian or C			Asian White	☐ Black or A	African Am	nerican	Un	ıknown		nnic or Latino Hispanic or Latino		
Live Births:	Nu	mber now living	1				Numb	per now d	eceased	0		
Other Terminations:	Nu	mber of spontaneou	s terminations				Numb	Number of induced terminations				
Dates of terminations (D	o not	include this termine	ation. If more t	han six (6), tho	se most rec	cent.)				<u>'</u>		
Fetus delivered alive?	_ 2	If yes, length of tin	ne fetus surviv	red:	4			5	Complic	eation(s) of Pregnancy Termination		
Yes No		ir yes, lengtir or tir	ne retus sur viv	cu.				■ N	None	☐ Uterine Perforation		
									_			
Fetus viable?									Hemorrhage			
☐ Yes ■ No								I	nfection	☐ Retained Products		
									Other (Spec	eify)		
Pathological examination performed?												
Yes No								Did this		on of pregnancy result in a maternal death		
☐ Yes ■ No												
				Type of To	ermination	Procedu	es					
Drogadure that T	ad D	agnonav		13pc 01 10				a that T-	mineta J D	vognanov		
Procedure that Terminate									minated Pr			
Medical (NonsurgicMedical (Nonsurgic									lifepriston lisoprostol			
Medical (Nonsurgic					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)									on Curettag			
☐ Medical (Surgical) ☐ Medical (Surgical)					☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
						Interior (surgion) state (speedy))						
For Medical (Surgical) p	roced	lures, answer the fol	lowing questic	on.	 For 1	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or	have				Wa				a post fert	ilization age at least 20 weeks?		
Yes N		neword vos 1	ata tha fall'	na augstis	T.C. 41	_	res [_	novices 4 -	os complete the fallenting		
If the previous question was the fetus given the				ng questions.		•	•		•	es, complete the following questions. The system of the s		
Yes N		opportunity to surv	170:		***		res [opportunit	y to survive:		
What was the basis for that required the proced										hat the pregnant woman had a condition th or serious impairment to the pregnant		
woman?	uure t	o avert ueam of sem	ous impairmer	n to the pregnat		nt required oman?	u uie pr	oceaure t	o avert dea	an or serious impairment to the pregnant		
Date last normal menses	_			Physician est	imate of ge		n weeks	5)	Post fe	rtilization age of the fetus (in weeks)		
How were the gestational		5/2016	n age determin	led?		6				4		
ULTRASOUND	a age	ши ром тениидано	n age uciciiiin	iou:								
Full name of physician p	erfor	ming termination										
Address of physician per	form	ing termination (nun	nber and stree	t, city, state, and	d zip code)							
8950 GEORGETOWN	ROA	D, INDIANAPOPL	IS, IN 46268									
**Date Reported to D	CS, i	if Patient under 14	1 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE LAFAYETTE, IN, 47905						ity or town, of pregnancy termination LAFAYETTE				County of pregnancy termination TIPPECANOE		
Patient's age**			Date of pregn	anov tow-	ination	Educ	ation				1	
19	Maı	ried ☐ Yes ■ No		ancy term 06/14/201		Educ	ation	1	High Scho	ool Diploma or GEI		
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black		an American		nknown	☐ Not I	anic or Latino Hispanic or Latino	□ Unknown	
Live Births:		Number now living	0				Num	ber now d	leceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Num	ber of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin		han six (6)), those m	ost recent.)	<u> </u>					
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of tir	me fetus surviv	ed:			ey Termination					
	NO					■ None ☐ Uterine Perforation						
F : 1110	If viable, medical		• .•				ı	Hemorrhag	e 🗌 Cervi	cal Laceration		
Fetus viable? Yes I					Infection	☐ Retai	ned Products					
										_	110000	
] 🗆 (Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •							Did thi			lt in a maternal death?		
								☐ Ye	s 🔳 No	0		
											-	
				Туре	of Termi	nation Proced	ıres					
Procedure that Term	inate	l Pregnancy				Additional I	Procedur	e that Ter	minated Pr	egnancv		
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol			
		Other (Specify)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Madical (Surgic	o1) S	uction Curettage				Modice	1 (Curai	aal) Suat	ion Curetta	gg.		
☐ Medical (Surgio	al) N	Ienstrual Aspiration					l (Surgio	cal) Men	strual Aspii	ge ration		
☐ Medical (Surgio	al) C	other (Specify)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	n.		For Medical (Surgical) procedures, answer the following question.						
		ave a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks?						
			age at least 20	weeks:			Yes [_	a post tert	ilization age at least	20 weeks!	
If the previous quest	ion w	as answered yes, compl	lete the following	ng question	ns.	If the previo	us quest	tion was a	nswered ye	es, complete the follo	owing questions.	
1				0 1		1	•		•		<i>U</i> 1	
was the fetus gives		pest opportunity to surv	ive?				tus give Yes [_	opportunit	ty to survive?		
What was the basis	ford	etermination that the pr	eanant woman	had a con	dition	What was	the baci	s for deter	rmination th	hat the pregnant wor	nan had a condition	
that required the pr		re to avert death or ser									ment to the pregnant	
woman?						woman?						
Date last normal men	ises t	egan		Physicia	ın estimat	e of gestation	in week	<i>(s)</i>	Post fe	rtilization age of the	fetus (in weeks)	
	(4/26/2016				7				5	· 	
=	ional	age and post fertilization	n age determin	ed?								
ULTRASOUND												
	-	rforming termination										
DR. MICHAEL KING		orming termination (num	mher and street	t city stat	e and sin	(code)						
	-	OAD, INDIANAPOPI		, cuy, stat	с, ана zip	coue)						
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_		

DATE RECEIVED BY ISDH (month, day, year): _

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Lacit failure to file trile rep	port of time as required is a olas-	3 D misacineanor	pci 10 10 04 2	. o (b).					
Facility Name and Address PLANNED PARENTHOOD OF II LAFAYETTE, IN, 47905	NDIANA (LAFAYETTE) - 964 MEZZANIN	E DRIVE, City or	town, of pregna LAFA	ncy termination YETTE		County of pregnancy termination TIPPECANOE			
Patient's age** Marri		nancy termination 06/14/2016	Educat		High Scho	ool Diploma or GED			
Race American Indiana or Ala Native Hawaiian or Othe Live Births:	<u>—</u>	Black or Afric	can American	Unknown Number now d	☐ Not I	nnic or Latino Hispanic or Latino Unknown 0			
Other Terminations:	Number of spontaneous terminations			Number of indu	Number of induced terminations				
Dates of terminations (Do n	ot include this termination. If more t 2. UNKNOWN 3. UNKI		ost recent.) 4. UNKNOWN	_{5.}	JNKNOW	0 N			
Fetus delivered alive?	If yes, length of time fetus surviv	red:			Complic	eation(s) of Pregnancy Termination			
☐ Yes ■ No				■ N	None	☐ Uterine Perforation			
				— п	Hemorrhag	e			
Fetus viable? Yes No	If viable, medical reason for term	ination:			nfection	☐ Retained Products			
163 110						_			
Pathological examination	If yes, results:				Other (Spec	<i>(199)</i>			
performed?	ii yes, iesuits.								
☐ Yes ■ No				Did this		on of pregnancy result in a maternal death?			
		Type of Termi	nation Procedur	res					
Procedure that Terminated I	Pregnancy		Additional Pr	ocedure that Ter	minated Pr	regnancy			
Medical (Nonsurgical)				(Nonsurgical) M					
Medical (Nonsurgical) Medical (Nonsurgical)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suc	ction Curettage		☐ Medical	(Surgical) Sucti	on Curetta	ge			
Medical (Surgical) Me Medical (Surgical) Oth	enstrual Aspiration			(Surgical) Mens	strual Aspir				
iviedicai (Suigicai) Oii	нет (Бресцу)		☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical) proc	edures, answer the following questic	on.	For Medical (Surgical) procedures, answer the following question.						
	ve a post fertilization age at least 20		Was the fetus viable or have a post fertilization age at least 20 weeks?						
	s answered yes, complete the followi	ng questions	_	Yes ☐ No	nswered ve	es, complete the following questions.			
Was the fetus given the be	1	ng questions.		is given the best	•				
☐ Yes ☐ No			_	Yes □ No					
	termination that the pregnant woman e to avert death or serious impairmer					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?			woman?	-					
Date last normal menses beg UN	gan NKNOWN	Physician estimat	te of gestation (in 8	n weeks)	Post fe	rtilization age of the fetus (in weeks) 6			
How were the gestational ag	ge and post fertilization age determin	ed?			•				
52110.000ND									
Full name of physician perfo	orming termination								
	ming termination (number and street) DAD, INDIANAPOPLIS, IN 46268		code)						
**Date Reported to DCS	s, if Patient under 14 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add	ress	·		City	or town, of pregr	ancy teri	mination	1	County of pregnancy termination			
PLANNÉD PARENTHOOD LAFAYETTE, IN, 47905	OF INI	DIANA (LAFAYETTE) -	964 MEZZANIN	E DRIVE,		AYETTE			TIPPECANOE			
Dationt's	_		Data -£		F-1	otic						
Patient's age** 33	/Iarried	d Yes • No		nancy termination 06/14/2016	Educ	ation	ı	High School	ol Diploma or GED			
Race American Indiana o Native Hawaiian or			Asian White	☐ Black or Af	rican American	☐ Un	known		nic or Latino			
Live Births:	Nι	ımber now living	2		Number now deceased							
Other Terminations:	Nι	ımber of spontaneou				Numb	er of ind	uced termin	nations 0			
Dates of terminations (I		t include this termind		. , ,	,	1	5		6			
Fetus delivered alive?		If yes, length of tir						Complica	ation(s) of Pregnancy Termination			
☐ Yes ■ No					■ None ☐ Uterine Perforation							
Fetus viable?		If viable, medical i	vaasan fan tam	ination.			☐ I	Hemorrhage	e Cervical Laceration			
Yes No		ii viable, illedical i	eason for tern	imauon:			I	nfection	☐ Retained Products			
								Other (Spec	ify)			
Pathological examination	on	If yes, results:										
performed? Yes No)						Did this	s terminatio	on of pregnancy result in a maternal death?			
							☐ Yes					
				Type of Terr	mination Proced	ures						
Procedure that Termina	ited Pr	regnancy			Additional I	Procedure	that Ter	minated Pro	egnancy			
Medical (Nonsurgi					☐ Medica	l (Nonsu	rgical) N	//ifepristone				
Medical (Nonsurgi	ical) (on the organization of the			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)								on Curettag				
☐ Medical (Surgical) ☐ Medical (Surgical)					☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical)	procee	dures, answer the fol	lowing question	on.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable o		e a post fertilization a	age at least 20	weeks?		tus viabl		a post ferti	ilization age at least 20 weeks?			
If the previous question		answered ves, comple	ete the followi	ng questions.				nswered ve	es, complete the following questions.			
Was the fetus given the	he best				Was the fe	tus giver	the best	•	y to survive?			
☐ Yes ☐						Yes [
What was the basis for that required the process					What was that requir	the basis ed the pr	for deter ocedure t	mination the avert dear	nat the pregnant woman had a condition th or serious impairment to the pregnant			
woman?					woman?							
				I no . :				1 -				
Date last normal mense	_	n 15/2016		Physician estim	nate of gestation 7	(in weeks	5)	Post fer	rtilization age of the fetus (in weeks) 5			
How were the gestation	nal age	and post fertilization	n age determin	ied?				<u>.</u>				
ULTRASOUND												
Full name of physician	perfor	rming termination										
DR. MICHAEL KING Address of physician po			nber and stree	t, city, state. and	zip code)							
8950 GEORGETOWN		-			up couc)							
**Date Reported to I	DCS.	if Patient under 14	(month. day	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

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Facility Name and Ad	ldress	UDIANA (LAFAVETTE)	004 MEZZANIIA	City	or town, o	of pregnar	ncy termina	nation		County of pr	egnanc	y termination
PLANNÉD PARENTHOO LAFAYETTE, IN, 47905	OF IN	NDIANA (LAFAYETTE) -	904 ME∠∠ANIN	E UKIVE,		LAFA	YETTE		TIPPECANOE			
Patient's age**	Marrie	ed	Date of pregr	nancy termination	n	Education						
19		Yes No		06/14/2016					lege, No De	gree		
Race American Indiana Native Hawaiian o	or Othe	er Pacific Islander	Asian White	☐ Black or A☐ Other	frican Am		Unkno		☐ Not H	nic or Latino Ispanic or Lat	tino	Unknown
Live Births:		Number now living	0				Number r			0		
Other Terminations:	•	Jumber of spontaneou	0				Number o	of indu	iced termin	ations 0		
Dates of terminations		ot include this termina 2						5				
Fetus delivered alive?		If yes, length of tin			4 5 6 Complication(s) of Pregnancy Term					Termination		
☐ Yes ■ N	o					■ None ☐ Uterine Perforatio					e Perforation	
Fetus viable?	If viable, medical r				□ н	lemorrhage		Cervica	al Laceration			
Yes N	Го	ii viable, medical i	eason for tern	iination:				☐ Ir	nfection		Retaine	ed Products
									ther (<i>Speci</i>	fy)		
Pathological examina	tion	If yes, results:										
performed? Yes N	lо						Di	oid this	termination	n of pregnanc	y result	in a maternal death?
								Yes	■ No			
				Type of Te	rmination	Procedure	es					
Procedure that Termin	nated E	Oregnancy		Type of Te				at Tarr	ninated Pre	onancy		
									lifepristone			
 Medical (Nonsur 	gical)	Misoprostol				Medical (Nonsurgic	cal) M	lisoprostol ther (<i>Specij</i>			
☐ Medical (Nonsur	gicai)	Other (Specify)				Medicai (Nonsurgic	cai) O	iner (<i>Specij</i>	y)		
	1) 0				_ _		(G : 1)	g .:				
	al) Me	nstrual Aspiration				Medical ((Surgical)	Mens	on Curettag trual Aspira			
Medical (Surgica	ai) Otn	ier (Specify)				☐ Medical (Surgical) Other (Specify)						
- M !: 1/G : 1	1)	1 4 6 1			_	For Medical (Surgical) procedures answer the following question						
For Medical (Surgical	-					For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viable Yes		ve a post fertilization a	ige at least 20	weeks?	Wa		es \[\] N		a post ferti	ization age at	t least 2	0 weeks?
If the previous question	on was	answered yes, comple	ete the followi	ng questions.	If the	e previous	s question	was ar	iswered yes	, complete th	e follov	ving questions.
Was the fetus given ☐ Yes ☐		st opportunity to survi	ve?		Wa		s given the		opportunity	to survive?		
What was the basis	for det	ermination that the pro			Wł	nat was th	e basis for	r deteri	nination th	at the pregnar	nt woma	an had a condition
		e to avert death or serie			t tha	t required man?	the proceed	edure to	avert deat	h or serious i	mpairm	ent to the pregnant
Date last normal mens	-			Physician esti	_		ı weeks)		Post fer	ilization age		etus (in weeks)
How were the gestation		/13/2016 ge and post fertilization	n age determir	led?		8					6	
ULTRASOUND		•	-									
Full name of physicia DR. MICHAEL KING	;											
Address of physician 8950 GEORGETOW	-	-			zip code)							
**Date Reported to	DCS	if Patient under 14	(month day	vear):								

DATE RECEIVED BY ISDH (month, day, year): _

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre PLANNED PARENTHOOD O LAFAYETTE, IN, 47905	ess F INDIANA (LAFAYETTE) -	964 MEZZANINE DRIVE,	City or to		ncy termination YETTE	l	County of pregnancy termination TIPPECANOE				
	arried	Date of pregnancy terr		Educat	tion						
Race	Yes No	06/14/20				Ethnicity					
☐ American Indiana or ☐ Native Hawaiian or C	Other Pacific Islander	Asian Bla White Oth	nck or Africar ner	n American	Unknown	Not H	nnic or Latino Hispanic or Latino	Unknown			
Live Births:	Number now living Number of spontaneou	0			Number of inc		0				
Other Terminations: Dates of terminations (De	_	0	(6) those mos	st recent)	Trumber of me	iucea termin	0				
1	2	3	4.		5		6				
Fetus delivered alive? Yes No	If yes, length of tin	me fetus survived:			Termination						
						None		e Perforation			
Fetus viable? Yes No	If viable, medical	reason for termination:				Hemorrhage Infection		al Laceration ed Products			
1es 10						Other (Spec	_	ed i foducis			
Pathological examination	ı If yes, results:					outer (spec	.937				
performed? ☐ Yes ■ No					Did th	is termination	on of pregnancy resul	t in a maternal death?			
☐ Yes ■ No											
		Tow	ne of Tarmina	ation Procedur	rec						
Procedure that Terminate	ed Pregnancy	191			ocedure that Te	rminated Pr	regnancy				
Medical (Nonsurgical Consurgical Consurgical Consurgical Consurgical Consumption Cons	,										
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical Medical (Nonsurgical Medical Medical Medical Medical Medical (Nonsurgical Medical Med	al) Misoprostol										
(, ((,	(~ /	<i>957</i>				
☐ Medical (Surgical)	Suction Curettage			☐ Medical	(Surgical) Suct	ion Curetta	 ge				
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Men (Surgical) Othe		ration				
For Medical (Surgical) pr	rocedures, answer the fol	llowing question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization	age at least 20 weeks?			us viable or hav	e a post fert	ilization age at least 2	20 weeks?			
If the previous question v		ete the following quest	ions	_	_	answered ve	es, complete the follow	wing questions			
•	best opportunity to surv		ions.	-	as given the bes	·	•	wing questions.			
Yes N					des ☐ No	соррогиян	y to survive.				
	determination that the pr lure to avert death or seri			What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant							
woman?				woman?							
Date last normal menses	began	Physic	ian estimate	of gestation (i	n weeks)	Post fe	rtilization age of the f	fetus (in weeks)			
	04/13/2016	·		7	•		5	. *			
How were the gestational ULTRASOUND	ı age anu post tertilizatio	n age determined?									
Full name of physician po	erforming termination										
Address of physician per	,		ate, and zip c	rode)							
8950 GEORGETOWN	KUAD, INDIANAPOPL	_i5, IN 46268									
**Date Reported to Do	CS, if Patient under 14	4 (month, day, year): _					-				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905 City or town, of pregnancy termination LAFAYETTE TIPPECANOE											
Patient's age** 22 Married 22 Yes No Date of pregnancy termination 06/14/2016 High School Diploma or GED											
Race American Indiana or Al Native Hawaiian or Oth		Asian Blac White Other	Ethnicity can American ☐ Unknown ☐ Unknown ☐ Unknown ☐ Unknown ☐ Unknown								
Live Births:	Number now living	1	Number now deceased								
Other Terminations:	Number of spontaneou	s terminations	Number of induced terminations								
Dates of terminations (Do not include this termination. If more than six (6), those most recent.)											
1.											
Fetus delivered alive?	If yes, length of tin	ne fetus survived:				Compli	cation(s) of Pregnancy Termination				
Yes No Uterine Perforation											
Fetus viable?	If viable, medical:	reason for termination:				Hemorrhag	ge Cervical Laceration				
Yes No	ii viaole, medicar	cuson for termination.				Infection	☐ Retained Products				
					Ιп	Other (Spe	ecify)				
Pathological examination	If yes, results:										
performed?						1					
☐ Yes ■ No						his terminati Zes 🔳 N	ion of pregnancy result in a maternal death?				
		Type	e of Termin	nation Procedu	res						
Procedure that Terminated	Pregnancy	- 5 20			ocedure that T	'erminated D	Pregnancy				
	•						•				
Medical (Nonsurgical)Medical (Nonsurgical)) Misoprostol			☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprosto	ol				
Medical (Nonsurgical)	Other (Specify)			Medical (Nonsurgical) Misoproscoi Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) Su				Medical (Surgical) Suction Curettage							
Medical (Surgical) Medical (Surgical) Ot				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
	(-1 - 35)				(8)	(-1 - 35)					
For Medical (Surgical) prod	lowing question.		For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable or ha ☐ Yes ☐ No		age at least 20 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
If the previous question was	s answered yes, compl	ete the following question	If the previous question was answered yes, complete the following questions.								
Was the fetus given the bo	ive?		Was the fetus given the best opportunity to survive? ☐ Yes ☐ No								
What was the basis for de	stermination that the	eanant woman had a com	What was the basis for determination that the pregnant woman had a condition								
that required the procedur				that required the procedure to avert death or serious impairment to the pregnant							
woman?				woman?							
				<u>. </u>							
	4/16/2016		an estimate	e of gestation (i	n weeks)	Post fo	ertilization age of the fetus (in weeks) 6				
How were the gestational a	ge and post fertilizatio	n age determined?	_								
ULTRASOUND											
Tall name of physician performing termination											
Full name of physician performing termination DR. MICHAEL KING Address of physician performing termination (number and street, city, state, and sin code)											
Address of physician performing termination (number and street, city, state, and zip code) 8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268											
		(month. day. year):									

DATE RECEIVED BY ISDH (month, day, year): _

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Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905					City or	y or town, of pregnancy terms LAFAYETTE				County of pregnancy termination TIPPECANOE				
Patient's age** Married Date of pregnancy termination Education														
Tationt 5 age	Mar	Yes No		06/11/201		Educ	ation							
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander Number now living							Ethnicity Hispanic or Latino Unknown Number now deceased							
Live Births: Number now nying Other Terminations: Number of spontaneous terminations									uced termin	nations				
Other Termination			Null	iber of mu	ucea termin	nations								
Dates of terminations (Do not include this termination. If more than six (6), those most recent.) 1														
Fetus delivered alive	.?				4		5	Complic	cation(s) of Pregnanc	ry Termination				
Fetus delivered alive? If yes, length of time fetus survived:									None	☐ Uterii	ne Perforation			
									Hemorrhag					
Fetus viable?		If viable, medical	reason for term	nination:										
☐ Yes ☐ I	No					☐ Infection ☐ Retained Products								
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes :	No					Did this termination of pregnancy result in a materna								
								☐ Yes	s No	0				
											1			
				Type	of Termi	nation Proced	ures							
Procedure that Term	inated	Pregnancy				Additional	Procedu	re that Ter	minated Pr	regnancy				
☐ Medical (Nonsu	ırgical) Mifepristone				☐ Medical (Nonsurgical) Mifepristone								
Medical (Nonsu) Misoprostol) Other (Specify)				Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)								
) caner (speedy))					(1 (011)	,urgreur) c	outer (Spee)	957				
☐ Medical (Surgion Med		action Curettage lenstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration								
Medical (Surgio						Medical (Surgical) Other (Specify)								
For Medical (Surgical) procedures, answer the following question.						For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable or have a post fertilization age at least 20 weeks?						Was the fetus viable or have a post fertilization age at least 20 weeks?								
was the fetus viable of have a post fertilization age at least 20 weeks? Was the fetus viable of have a post fertilization age at least 20 weeks? Yes No														
If the previous question was answered yes, complete the following questions.						If the previous question was answered yes, complete the following questions.								
Was the fetus given the best opportunity to survive?						Was the fetus given the best opportunity to survive?								
☐ Yes ☐		☐ Yes ☐ No												
What was the basis for determination that the pregnant woman had a condition						What was the basis for determination that the pregnant woman had a condition								
that required the procedure to avert death or serious impairment to the pregnant woman?							that required the procedure to avert death or serious impairment to the pregnant woman?							
Date last normal mer	nses h	egan		Physicia	n estimat	e of gestation	(in week	ks)	Post fe	rtilization age of the	fetus (in weeks)			
Date last normal menses began Physician estimate							, 11001		1 050 10		(III (III (IIII)			
How were the gestational age and post fertilization age determined?														
ULTRA SOUND														
Full name of physician performing termination DR. JEFFREY D. GLAZER														
Address of physician performing termination (number and street, city, state, and zip code)														
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219														
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_				

DATE RECEIVED BY ISDH (month, day, year): _

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Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905					City or	town, of pregnancy termination LAFAYETTE				County of pregnancy termination TIPPECANOE				
Patient's age** 19 Married Yes No Date of pregnancy termination 06/11/2016 Education														
Race American Indian Native Hawaiian	k or Afric r	Ethnicity I Hispanic or Latino I Unknown I Unknown Unknown Unknown Unknown						Unknown						
Live Births: Number now living 0							Number now deceased							
Other Termination		Num	nber of ind	uced termin	nations									
Dates of terminations (Do not include this termination. If more than six (6), those most recent.) 1														
Fetus delivered alive	a?	If yes, length of ti			4		5	Complic	eation(s) of Preg	nancy Te	ermination			
Yes T					None	Пυ	terine Po	erforation						
									Hemorrhag	— e П (ervical I	Laceration		
Fetus viable?	NT.	If viable, medical	reason for term	nination:										
☐ Yes ■	No							☐ Infection ☐ Retained Products						
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes	No						a maternal death?							
								Yes No						
Type of Termination Procedures														
D –				туре	Or Lettill			.a . =						
Procedure that Term	inated	Pregnancy				Additional Procedure that Terminated Pregnancy								
Medical (Nonsu						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								
		Other (Specify)				Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)								
Medical (Surgional Control Contro	cal) Si	iction Curettage				Medical (Surgical) Suction Curettage								
Medical (Surgio	cal) M	enstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
☐ Medical (Surgical) Other (Specify) ☐ Medical (Surgical) Other (Specify)														
For Medical (Surgical) proceedures answer the following question						For Medical (Surgical) procedures, answer the following question.								
For Medical (Surgical) procedures, answer the following question.						Was the fetus viable or have a post fertilization age at least 20 weeks?								
Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							Was the fetus viable of have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous question was answered yes, complete the following questions.						If the previous question was answered yes, complete the following questions.								
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No						Was the fetus given the best opportunity to survive? ☐ Yes ☐ No								
What was the basis for determination that the pregnant woman had a condition						What was the basis for determination that the pregnant woman had a condition								
that required the pro- woman?	egnant	that required the procedure to avert death or serious impairment to the pregnant woman?												
Date last normal me	nses b	egan		Physicia	n estimat	e of gestation	(in weel	ks)	Post fe	rtilization age of	the fetu	s (in weeks)		
						10		,			8	,		
How were the gestat	tional a	age and post fertilization	on age determin	ied?										
Full name of physician performing termination DR. JEFFREY D. GLAZER														
Address of physician performing termination (number and street, city, state, and zip code)														
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219														
**Date Reported t	to DC	S, if Patient under 1	4 (month, day.	year): _										